C+D

6 October 2007

Chemist+Druggist

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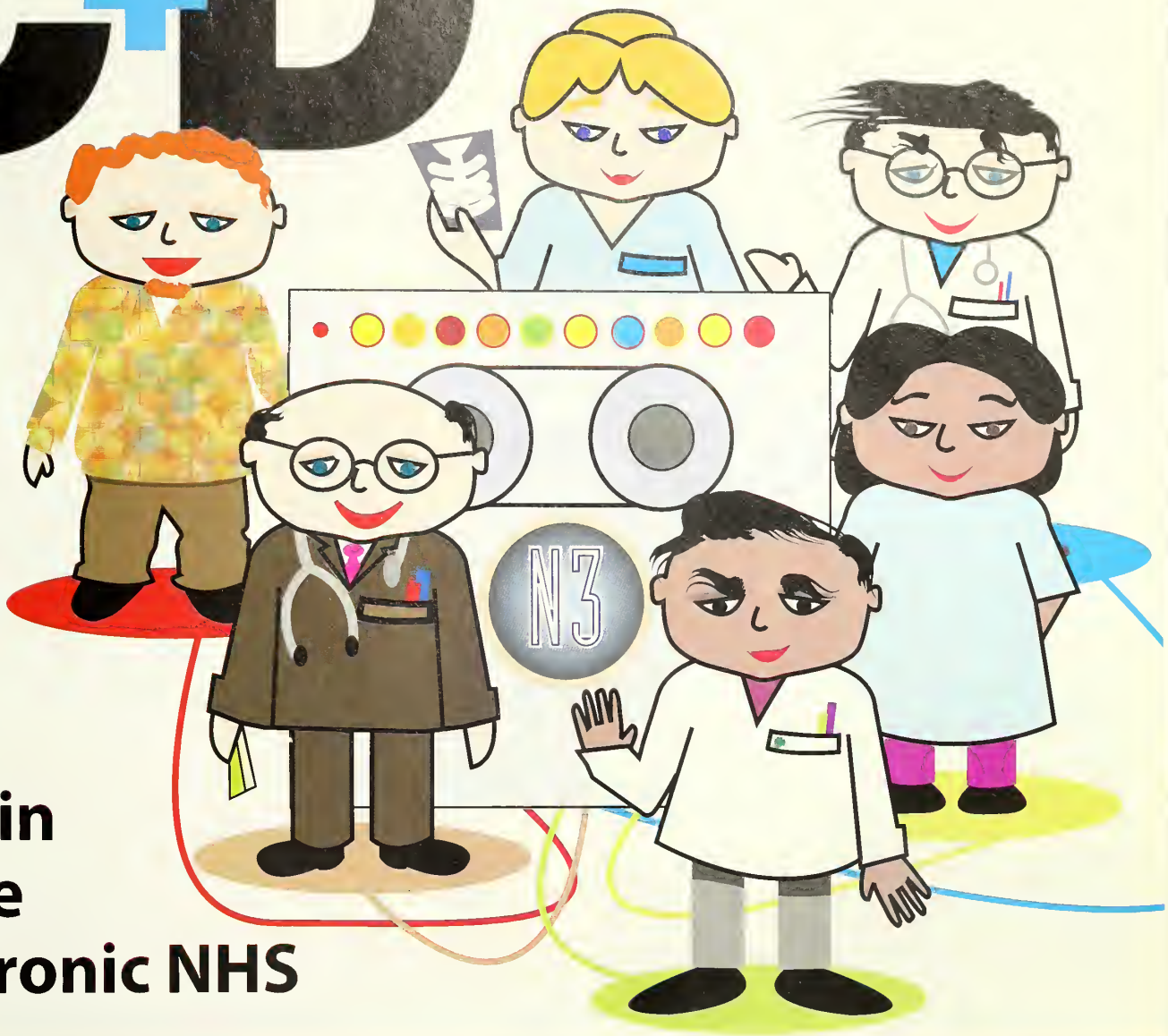

Plug in to the electronic NHS

DH takes £400m from generics

RPSGB fees debate goes into extra time

- CPD: your complete guide to contact lens care
- Category M check the outlook on our barometer

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6 October 2007

CMP

Chemist+Druggist

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News

Opinion

Clinical

Products & Marketing

Features

Published Saturdays by CMP Medica, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE
C+D on the internet at: http://www.dotpharmacy.com/
Subscriptions: (Home) £183 per annum; (Overseas & Eire) $450 per annum. Single copies C+D £4.50 (postage extra). Extra Price List for subscribers: £20 per single copy; for non-subscribers: £65 per single copy.
Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF.
Telephone: 01858 468811
Fax: 01858 434958
Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.
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 Origination by ITM Publishing Services, Central House, 142, Central St, London EC1V 8AR. Printed by Headley Brothers Ltd, The Invicta Press, Queens Road, Ashford TN24 8HH. Registered at the Post Office as a Newspaper 21/27/8s

Uproar over purchase profits raid

The government's category M cut could cost each pharmacy up to £40,000 a year, representatives warn

[redacted] Richardson

Contractors, wholesalers and [redacted] reacted angrily [redacted] cuts to generic purchase profits, which representatives said could cost each pharmacy up to £40,000 a year.

The Pharmaceutical Services Negotiating Committee said contractors faced a £400m a year cut from current category M margins. This represented a lack of joined up thinking by government and sent mixed messages about what it wanted from pharmacy, industry leaders said

Steve Dunn, group managing director of wholesaler AAH, said too little progress had been made in increasing service provision and that cuts in traditional funding meant pharmacists were left with the worst of both worlds.

Celesio, which owns AAH and Lloydspharmacy, said the tariff changes would lose it 30 million euros (about £20m) this quarter.

But Warwick Smith, director of the British Generic Manufacturers Association, said the £400m cut was in line with government's agreed £500m limit on total purchase profit.

"It's just the system working as it was intended," he said.

However, stakeholders said "wild" fluctuations in retained profit made financial planning difficult for contractors.

Wholesaler Phoenix's chief executive Paul Smith said: "To be able to plan for and make the necessary investment in pharmacy services to deliver the contract to best effect, we need a degree of certainty and stability that is currently missing."

Some also suggested the category M mechanism could threaten medicines supply. The Company Chemists' Association said: "CCA members are concerned that the repeated focus on a small number of frequently prescribed medicines is distorting the category and jeopardising the continuity of medicines supply."

PSNC said this quarter's tariff had been cut by £100m, but the annual reduction was provisional.

Head of finance Mike Dent said: "The DH's analysis of the outcome has not been accepted by PSNC and we are subjecting it to exhaustive investigation." Adjustments were likely to be made in January, he added.

Funding 07-08

The Pharmaceutical Services Negotiating Committee has announced the contract funding agreement for the year 2007-08

4.3 Percentage increase in the total funding. The figure is now £1.94bn

Pounds to be cut on an annualised basis from category M purchase profits **400m**

10.4 Pence reduction in Practice Payments, to 25.2p per item

Minimum Establishment Payment and Protected Professional Allowance thresholds, a rise of 3 per cent **2,120**

2 Pounds increase in advanced service payments. MURs and prescription interventions now earn £27

The maximum number of MURs per pharmacy remains unchanged at **400**

Wholesalers alliance

Wholesalers Mawdsleys, Norchem and Maltbys have formed a trading alliance in response to "aggressive" changes to the pharmaceutical supply chain.

The announcement comes one year after manufacturer Pfizer revealed its direct-to-pharmacy scheme using a single wholesaler, UniChem, and follows Napp's and sanofi-aventis's selection of UniChem, AAH and Phoenix as distributors this summer.

Mawdsley's retail director John Davies said the agreement to exchange ideas and expertise would benefit the wholesalers by increasing their influence.

"The combined turnover of £500m ought to make pharmaceutical companies aware that there's considerable market force between the three companies," he said.

Though the three wholesalers remained independent, customers would benefit from co-developed promotional and service programmes, Mawdsleys said. Mr Davies confirmed customers would continue to have a choice between the wholesalers.

Wholesale chiefs predicted further alliances between distributors in the future. Martin Sawer, executive director of the British Association of Pharmaceutical Wholesalers, said: "I think we could see other hybrids emerging as a response to what the global manufacturers are doing to the supply chain." **JR**

John Davies: trio will have £500m turnover

Prime Minister pushes ahead with blueprint

Gordon Brown has brought forward an interim report by Lord Darzi that was expected to bring a greater role for community pharmacy.

The Prime Minister had planned to unveil the package in mid-October but it was to be released on Thursday this week after C+D went to press.

The Our NHS, Our Future report sets out "an emerging vision to develop a universally world-class NHS", the Department of Health announced.

"This is not about imposing more change from the centre," said Lord Darzi. "Effective change needs to be led locally, driven by clinicians and others working in partnership across the service."

A health innovation council will also be established, the DH announced, with funds of up to £100m to help the NHS develop high-tech healthcare such as medical devices and diagnostics.

The PM is also planning to table the Comprehensive Spending Review next week, which will see health spending top £100bn for the first time on record.

As reported earlier in C+D, the health secretary Alan Johnson is seeking additional funding to expand the role of pharmacies in primary care front line services for such items as chlamydia screening and sexual health services.

Mr Brown has given priority to making primary care services more personalised and believes that community pharmacies can be a popular provider of more NHS care. **CB**

What do you make of the Darzi deal?
haveyoursay@cmpmedica.com

No fee decision until November

Consultation results will be analysed by independent consultant

Zoe Smeaton

Pharmacists must wait until November to find out how much extra they will pay for 2008 retention fees, a meeting of the Royal Pharmaceutical Society's Council has revealed.

Jeremy Holmes, the Society's chief executive and registrar said no decisions would be made until feedback to a consultation on the proposed 50 per cent rise had been considered.

The consultation closed this week and includes a 10,000-s trong online protest against the increases. The results will be analysed by an independent consultant then assessed by the Council. Mr Holmes said: "I ask that our members continue to be patient until the independent analysis is complete and Council has made its decision which I am confident will represent a fair and responsible outcome."

Jeremy Holmes: plea for patience

The 2007 retention fees will apply next year should the Council fail to set the 2008 fee by November 1, the RPSGB added.

Although some pharmacists said they had found responding to the consultation a straightforward process, other members have expressed concerns over how the consultation was conducted.

Dhimant Patel, of Healthways Chemist in Harrow, Middlesex, said although the majority of the fee consultation document had been clear, some parts were not so clear and could not be completed quickly. He added that it would have been easier if the form could have been returned online rather than having to print it out and post it back.

Did you have your say on fees?
zsmeaton@cmpmedica.com

'Inadequate' evidence for fee hike, say multiples

The UK's biggest pharmacy retailers have slammed the "inadequate" evidence behind the RPSGB's proposed hike in retention fees. The Society had failed to make "a robust case" for the 50 per cent increase in charges for 2008 the CCA said.

The trade body, whose members include Boots and Lloydspharmacy, said it had failed to find adequate explanation for the rises in the RPSGB's consultation.

A written CCA submission said: "The information presented to members...does not adequately explain why the picture has changed so suddenly from the one that prompted the statement only in the RPSGB's annual report of 2006...that 'the Society's balance sheet remains relatively strong'."

The CCA also called on the Society to "act reasonably and proportionately" when setting the 2008 fee structure. Profits from the Society's publishing arm should be used to finance its professional activities, the CCA added.

RPSGB treasurer Andrew Gush hit back at the remarks. He said: "Although sadly, their response is somewhat predictable, it will not get in the way of the Society's commitment to open and positive dialogue with the CCA."

The row follows showdown talks between the CCA and RPSGB last week. **MG**

Council rejects 'overkill' OTC sales security

Pharmacists should not have to personally oversee every sale of pseudoephedrine and ephedrine containing medicines, the Royal Pharmaceutical Society has said.

In a narrow vote, the Society's Council voted against a motion to recommend that pharmacists should do so to help control sales of the drugs, but will reconsider the issue in six months. Some members said the move would have been "using a sledgehammer to crack a nut."

David Pruce, director of practice and quality improvement at the Society, said the move would have taken pharmacists away from their other work. He said a meeting between pharmacy organisations had decided the step could be "overkill", but that all pharmacy staff would need to be made aware of the issues.

The Council was considering the recommendation made by the Commission on Human Medicines that sales of the drugs should only be carried out by pharmacists in order to control sales and prevent the drugs being used to manufacture Class A drug methylamphetamine.

Other control measures suggested were reducing pack sizes and limiting sales to one pack per person.

An MHRA spokesperson said the CHM's recommendations were a tough yet proportionate set of measures to address the risk in the UK. "The Expert Working Group of the CHM will be considering all the recommendations that the CHM has made, and will take into account the views of key stakeholders including the pharmacy profession." **ZS**

Pseudoephedrine consultation launched

The MHRA is seeking views on a proposal to make the sale and supply of products containing more than 720mg of pseudoephedrine and 180mg ephedrine available only with a prescription. This would be another measure to help prevent the manufacture of methylamphetamine. The consultation document is available on the agency's website www.mhra.gov.uk. The deadline for comments is November 13, 2007.

How does category M affect you? See page 34 ›

News in brief

Eisai appeals Nice verdict

Aricept (donepezil) maker Eisai has announced plans to appeal the court verdict on Nice's Alzheimer's disease decision. Eisai is looking to appeal against the High Court ruling that Nice did act correctly when it assessed three Alzheimer's products for patients with mild disease (C+D, August 18, p21).

Going separate ways

The NPA and PSNC have said they will no longer be considering a merger as they have found no compelling case for doing so. Neither would comment on how the decision was reached.

Smoking cessation boost

Smoking cessation services could experience a boost in patients following the increase in the legal purchasing age for cigarettes to 18 years old this week. The NPA said pharmacists could see more young patients seeking help, as well as older people who have read about the issue in the media.

Syringe recall

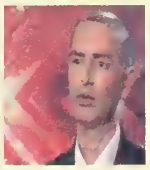
The MHRA is recalling a large number of BD Plastipak 1ml, 2ml, 5ml and 10ml Luer slip syringes, following reports of connection problems. The batches were made between April and August. See www.tinyurl.com/2h5pd3

Wessex conference advice

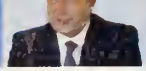
Pharmacists looking to exploit government policy to expand their clinical role should seriously consider becoming pharmacists with special interests and prescribers, last Sunday's RPSGB Wessex Regional Conference heard. www.hampshirelpc.org.uk

Raj Singh Dhamu

Pharmacist Raj Singh Dhamu of Leamington Spa was featured in last week's issue (C+D, September 29, 2007, page 7) after appearing on ITV's X Factor. The picture of Mr Dhamu (right), which should have been next to the X Factor story, was unfortunately printed with an unrelated story about the RPSGB investigating pharmacists as part of a counterfeit drug ring. This second story had nothing to do with Mr Dhamu and we apologise for the error.



Raj Dhamu on ITV's X Factor



BMA 'quite wrong' to attack rural pharmacies, says negotiator

Industry hits back at GPs' claim that new pharmacy contracts limit their local medical services

Jennifer Richardson

The Scottish pharmacy contract negotiator has hit back at doctors' claims that the introduction of community pharmacies into rural areas is threatening GP services.

The British Medical Association said loss of dispensing revenue from GP practices in remote areas, following new pharmacy contracts, limited the ability of these dispensing doctors to provide medical services.

Dr Andrew Buist, deputy chairman of the BMA's Scottish General Practitioners' Committee said local residents should be consulted by NHS Boards before a pharmacy was established.

But the BMA's claims ignored the obligation of health boards to assess provision of healthcare services, said Community Pharmacy Scotland (CPS).

Chief executive Harry McQuillan said: "It is quite wrong to somehow seek to persuade patients that they will be forced to choose between access to GP services or pharmacy services.

"Where it is possible for patients to have access to both, then they should have that right."

CPS spokesman Alex MacKinnon said: "The best option is for pharmaceutical care to be provided by a pharmacist, who trains for five years."

A spokesperson for NHS Grampian, which has the second-highest number of dispensing doctors in Scotland behind NHS Highland, said: "Any new community pharmacy application in NHS Grampian follows a standard process, and consultation occurs with local pharmacies and any dispensing doctors in the locality.

"The accessibility of community pharmacies to provide advice and supply of medicines is invaluable to patients and complements the services provided by GP practices."

Clashes with GPs over rural pharmacy contracts also reached south of the border said Graham Jones of Broadway Pharmacy, Lambourne, Berkshire. He said "When we opened in Shrivenham, the GPs claimed it would force a partner out of business. It's blatant scare tactics."

GPs use 'scare tactics' to stop rural pharmacies opening, said pharmacist Graham Jones

Scotland's public health minister Shona Robison joined players from the national rugby team, who face Argentina in their World Cup quarter final this weekend, to promote understanding of alcohol units. The event marked a countdown to Scotland's first Alcohol Awareness Week from October 21-27 for which pharmacists can obtain an electronic toolkit to help them encourage patients to consider their alcohol consumption. Community Pharmacy Scotland's Alex MacKinnon said: "We'd encourage all community pharmacists in Scotland to support this important public health initiative"

Team members – US style

Pharmacists in Scotland could delegate work to a new team member, under an idea from the country's chief pharmaceutical officer.

Bill Scott is considering an American model – currently being piloted in Scottish hospitals – in which healthcare professionals called physician assistants work under the supervision of doctors.

"What I am looking at is whether there's any need for the 'pharmacist assistant'," Mr Scott told C+D.

"We've got to look at all the avenues of how we move some of the workload away from the pharmacist so they have time to spend with the patients."

The role would not simply involve supplementary training for existing pharmacy technicians. "It would be a new type of member of the workforce," Mr Scott confirmed. "To some extent some technicians have migrated into some of that role but not all of it."

Pharmacy technicians could retrain for the new role but potential candidates would also include science graduates, Mr Scott added. He also emphasised there had been no official discussion of the idea. **JR**

Embracing the MDR challenge

TEVA

Violent attack tally doubles in a year

Call for more money to fund risk assessments and improve safety

Zoe Smeaton

Physical violence against pharmacists and other retail staff has risen by 50 per cent in the past year, according to a survey by the British Retail Consortium (BRC).

The annual survey questioned around one million shop workers including employees at pharmacy multiples.

The findings come as the government pledged £97 million to curb violence against NHS staff. Of this, £29m will be spent on safety alarms for lone workers. The remaining £68m will be spent on security training and local initiatives, the NHS Security Management Service said.

But the organisation could not confirm if pharmacists will receive any of the cash.

Industry figures warned that more money is needed to reach frontline pharmacists.

John Murphy, director of the Pharmacists' Defence Association (PDA), said previous research had shown that violence against pharmacists was a significant problem and he called for a zero tolerance approach.

John Robinson, whose Belfast pharmacy was held up by a gunman in 2004, said there was always a risk of violence against pharmacists and that he remained worried about it. Although Mr Robinson said he didn't think the risk could ever be eliminated, he felt funding to cover risk assessments and safety measures, "probably would help".

More cash is needed to protect grass-roots pharmacists from intimidation

Protect yourself

- Undertake risk assessments
- Make staff aware of the risks
- Develop safe locking-up procedures
- Do not leave people to work alone in high risk neighbourhoods
- Secure all cash and drugs
- Consider putting additional lighting up outside the shop
- Install CCTV cameras if necessary

Source: PDA and IPF

TALK

Is working in a pharmacy safe?

It just depends what kind of area you're working in. It's nearly always young men trying to steal and when you try to stop them they get aggressive. But I've never had problems from patients.
Brian Rafferty, Village Pharmacy, Essex

I think we're quite vulnerable really. We can get anyone coming in and unless you have security cameras, there is a risk. Also, there are certain types of clients coming in who might pose a potential risk.
Emma Mortimer, Alliance Pharmacy, Mount Pleasant Health Centre, Exeter

I've only been threatened once but the situation was diffused quite quickly. Certainly the areas I've worked in I've never really had problems. I have colleagues who work in less safe environments
Ravi Mohan, Weldricks Pharmacy, Sheffield

Northern Ireland's health chiefs celebrated last Friday pharmacists' role in a £1m project to target health inequalities in the country's most deprived areas. Dr Norman Morrow, NI chief pharmaceutical officer (left), said pharmacists could be given incentives under the long awaited NI contract to sign up to the Building the Community Pharmacy Partnership. Also pictured are David Sissling, chief executive at Health and Social Care Authority, and Barbary Cook director at Community Development and Health Network

Period pain drugs may switch

Two drugs for period problems could be switched from POM to P this autumn. The MHRA said it hoped naproxen and Cyklo-f could be launched this November.

Dr June Raine, director of vigilance and risk management of medicines at the agency told C+D: "All the hurdles have passed barring producing really good [patient] information."

The MHRA ran consultations on switching the two drugs earlier this year.

Naproxen, used to treat period pain, could be available for women to buy for up to three days of use, and Cyklo-f, used to treat heavy menstrual bleeding, may also be available from pharmacies.

Dr Raine added that the move would help empower patients.

The switch was backed by pharmacists. Brian Deal of Ashwell Pharmacy in Hertfordshire said: "It means we will have some added tools over and above ibuprofen." **ZS**

YPG project includes GP

A Young Pharmacists Group project to run a pharmacy piloting innovative practice will include an in-store GP surgery when it opens in Dudley later this year.

Feedback from the project will be shared with the wider profession and could steer national healthcare policy, said project chief Mark Koziol.

The YPG initiative comes as the Department of Health prepares for talks with Boots and Lloydspharmacy on hosting doctors in their branches next month.

Mr Koziol told C+D: "There's little GP access in the surrounding area and it's something the community has asked for. Appointments will be available from the pharmacy's consultation area."

The £200,000 YPG project is due to start in December, but may be delayed by recruitment and building work as a neighbouring site is converted into retail space. More information at www.ypg.info **MG**

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Metformin is a newly licensed solution for the treatment of Type 2 diabetes from the liquid medicine people. As well as being easy for customers to swallow this ready to use, sugar free, pleasantly flavoured medication is available in 500mg/5ml strength and has a 12 month shelf life. The new licence makes life simpler for you because the product is approved for stability, quality and consistency by a recognised authority - and easier for customers because it is easy to swallow. That's why new Metformin is the ideal solution for everyone.

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Abbreviated Prescribing Information: Metformin Hydrochloride 500mg/5ml Oral Solution. Consult Summary of Product Characteristics before prescribing. Presentation: Solution containing 500mg metformin hydrochloride in each 5ml. **Therapeutic Indications:** Type 2 Diabetes mellitus. **Posology:** Adults: Starting dose 500mg 2 or 3 times a day. *Monotherapy* – Dose should be adjusted according to blood glucose measurements after 10-15 days. Maximum – 3g daily. *Combination* – Insulin dose should be adjusted according to blood glucose measurements. Children (>10years): Starting dose – 500mg once daily. Dose should be adjusted according to blood glucose measurements after 10-15 days. Maximum – 2g (in divided doses). Elderly: Dosage adjusted based on renal function. Regular assessment of renal function necessary. **Contra-indications:** Hypersensitivity, diabetic ketoacidosis, diabetic pre-coma, renal failure/dysfunction, acute conditions with potential to alter renal function, acute or chronic disease which may cause tissue hypoxia, hepatic insufficiency, lactation. **Precautions and Interactions:** Lactic acidosis, especially in significant renal failure. If metabolic acidosis is suspected metformin should be discontinued and the patient hospitalised. Serum creatinine levels should be checked before treatment and regularly thereafter. Special caution should be exercised in situations where renal function may become impaired. Discontinue metformin prior to using iodinated contrast agents, do not reinstitute until 48 hours afterwards and renal function is normal. Discontinue 48 hours prior to surgery with general anaesthesia and do not reinstate until 48 hours afterwards. Type 2 diabetes should be confirmed in children and adolescents prior to treatment. Follow up is recommended in pre-pubescent children on the effect on growth and puberty. Particular caution is required in children aged 10-12 years. Patients should continue on their prescribed diet. Usual lab monitoring should be performed regularly. Caution advised when used in combination with insulin and sulphonylureas due to possible hypoglycaemia. *Excipient Warnings*: a) Parahydroxybenzoates – may cause allergic reactions b) Liquid maltitol – Patients with fructose intolerance should not take this medicine c) Sodium - contains 5.3mg per 5ml, this should be taken into account in controlled sodium diets. d) Potassium – contains 14.5mg per 5ml, this should be taken into consideration in renal dysfunction or potassium controlled diets. Concomitant use with alcohol is not recommended. More frequent blood glucose monitoring when using glucocorticoids (systemic and local), β2 agonists and diuretics. Dosage adjustment may be required when using ACE-inhibitors. **Pregnancy and lactation:** During and prior to pregnancy, patients should not be treated with metformin but insulin to maintain glucose levels and lower the risk of foetal malformations. Metformin is excreted in milk in lactating rats, no similar human data is available, and therefore a decision should be made whether to discontinue nursing or discontinue metformin. **Effects on ability to drive and use machines:** Metformin alone does not affect the ability to drive or operate machinery. However, there is a risk of hypoglycaemia when used in combination with oral anti-diabetics. **Undesirable effects:** *Metabolism and nutrition:* Very rare: decrease of Vit B12 absorption, lactic acidosis. *Nervous system disorders:* Common: Taste disturbance. *Gastrointestinal disorders:* Very common: nausea, vomiting, diarrhoea, abdominal pain, loss of appetite. These occur most frequently during initiation of therapy and resolve spontaneously in most cases. It is recommended to take metformin in 2 or 3 daily doses during or after meals with a possible slow increase of dose. *Hepatobiliary disorders:* Isolated reports: Liver function test abnormalities, hepatitis resolving upon discontinuation. *Skin and subcutaneous:* Very rare: skin reactions (erythema, pruritus, urticaria). Adverse event reporting is similar in nature and severity in children as in adults. **Overdose:** Hypoglycaemia has not been seen with metformin doses of up to 85g although lactic acidosis has occurred in such circumstances. High overdose or concomitant risks may lead to lactic acidosis which is a medical emergency and should be treated in hospital. **Shelf Life and Storage:** 12 months unopened (28 days after opening). Do not store above 25°C **Legal Category:** POM. **Pack Size and NHS Price:** 150ml £8.6 **Marketing Authorisation Holder:** Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE. **Marketing Authorisation Number:** PL00427/0139 **Date of Preparation:** July 2007

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Struck off for cash theft

Pharmacist 'still maintains her innocence' despite conviction

A pharmacist who was convicted of stealing from the till of a Boots store in Ashby Drapery has been struck off by the Royal Pharmaceutical Society.

Disciplinary chairman Lord Fraser of Carmyllie QC said he had "no option" but to remove Joanna Tisdale of Sutton Coldfield from the register.

Miss Tisdale was convicted of taking £160 from the branch over an eight-day period in March 2005, the hearing was told.

The 36 year-old pharmacist "still maintains her innocence", the committee heard.

Miss Tisdale was working as a second pharmacist at the time of the offences, Nicole Curtis for the RPSGB told the hearing last week.

"In early 2005 regular deficits in the takings were discovered ... A decision was taken to install a covert camera to film the till where most of the losses were occurring," she said.

The store ran a system to limit petty cash in tills, the disciplinary hearing was told. Anything above a set amount would be put in a "counter cache".

Ms Curtis added: "Clips showed Tisdale, on a number of occasions, taking a £20 note from a customer without then placing it in the counter cache system under the till."

Miss Tisdale claimed during the trial that the £20 notes she took went into a counter cache under another till as a result of money being borrowed between tills.

But a deficit coinciding with the £20 notes not placed in the counter cache system was found on analysis of takings, the hearing was told.

Miss Tisdale claimed other people had stolen the cash.

However, Lord Fraser said the offences were committed "over a period of time" and had been "a breach of trust".

Miss Tisdale was sentenced to 12 months' probation by Shrewsbury Crown Court in May 2006, the hearing was told. Miss Tisdale insisted she will apply to return to the register as soon as possible. She has three months to appeal. **UKL**

Model Abi Titmuss and television health expert Dr Chris Steele at the launch of the Breast Sense Gel Glove at Lloydspharmacy in Vauxhall. The glove has been specially designed to allow fingers to move smoothly across the skin, making it easier to feel lumps. The glove and an accompanying instructional DVD have been launched to coincide with Breast Cancer Awareness Month

'Deliberate' fraud by pharmacist

A Surrey pharmacist has been struck off after dispensing large medicine packs while claiming for smaller, more expensive alternatives.

Bharat Suchak of Worcester Park, Surrey, "knowingly and deliberately" defrauded medicine claims worth £3,000 over an 18 month period, a Royal Pharmaceutical Society disciplinary committee heard.

One count of Theresa James [illegible] admitted he "wrongly endorsed" some prescriptions for medicines including Gaviscon liquid, Diprobase and E45 creams. But he denied dishonesty and has since repaid the £3,187.56 owed, the committee heard last week.

However, finding the pharmacist guilty of dishonesty, John Burrow, panel chairman, said: "Where abuse is proved it will be regarded as serious. He persisted over 18 months, not an inconsiderable period."

Mr Suchak used a computer to assist administration work, but had endorsed prescriptions by hand, the hearing was told.

Counter fraud officials carried out an investigation into the pharmacist in 2002, the committee heard. A summons was issued, but allegations were discontinued before the RPSGB took action, the hearing was told.

Mr Suchak has three months to appeal against the decision. **UKL**

News in brief

Numark diabetes training

Numark's autumn training sessions will encourage members to explore services their pharmacy could offer to diabetic patients. Prescriptions for diabetic patients account for over a fifth of all dispensed items.
www.numarkpharmacists.com

PHARMA awards shortlist

A shortlist for the first PHARMA for Pharmacy awards has been announced. The awards aim to recognise people working at all levels of pharmacy. The inaugural ceremony takes place in Birmingham on the first day of the Pharmacy Show 2007. The full shortlist can be seen at www.pharmawards.co.uk

C+D Guide to OTC Medicines clarification

The Breeze 2 blood glucose meter from Bayer Diabetes Care uses Breeze 2 test strip discs (PIP 297-0531). The monograph should read:
Breeze 2 – Bayer Diabetes Care
Compatible with Breeze 2 Disc
1µl blood required
Memory capacity: 420 results with date and time. Uses 1 x CR Li battery
Features: No Coding (tm) Technology, results in 5 seconds
£9.99

Leicestershire meeting

The Leicestershire branch of the Royal Pharmaceutical Society will meet on October 9 to discuss practice-based commissioning. The meeting will take place at 7pm in the Granby Suite, Leicester College. ianbell130@btinternet.com

Critical conference

The RPSGB will host an international conference, linking process understanding to control strategy, at its headquarters from November 26-27. For more details email science@rpsgb.org or visit www.rpsgb.org

Pet prescription

Dog and cat owners can now buy healthcare products for their pets, including flea and tick treatments and worming medication, in more than half of the Co-operative Pharmacy's 700 branches.

Do IT: get connected to electronic healthcare. See page 39

NEW IN SMOKING CESSATION

THE POWER TO HELP THEM QUIT.[1-3]

- **A new class of oral prescription therapy with a unique dual action:**[1,2,4]
  - **Partial agonist** action: Reduces craving and withdrawal symptoms†
  - **Antagonist** action: Reduces the satisfaction associated with smoking†
- **Significantly higher quit rate vs. bupropion or placebo at 12 weeks**[1,2,5]
- **Favourable safety and tolerability profile in approximately 4,000 treated smokers**[6]

†Based on the Minnesota Nicotine Withdrawal [illegible]

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment*: No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events*: Dosing may be reduced to 1 mg once daily. *Severe renal impairment*: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease*: Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusis, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. **2.** Jorenby DE *et al.* JAMA 2006; 296:56-63. 3. Tonstad S *et al.* JAMA 2006; 296:64-71. 4. Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006

Pfizer

New oral prescription medicine

CHAMPIX
varenicline tartrate

PharmacyHealthLink viewpoint

Robust pharmacy response is crucial

Roger Walker and Georgina Craig explain the rationale behind the restrictions on pseudoephedrine sales

Pharmacy has made an effective case for the retention of medicines containing pseudoephedrine and ephedrine within the pharmacy (P) category. And, for the meantime, the Commission on Human Medicines (CHM) has opted to support the profession's wishes. However, the CHM's advice was accompanied by a number of caveats, most notably that these medicines will be reclassified to POM status in July 2009 if the use or illicit manufacture of methylamphetamine (crystal meth) is not contained – or even earlier if the UK sees an escalation in meth misuse, particularly if sourced from P products.

The CHM has set up a working group to oversee implementation, which met for the first time in September. The group will review the implementation of pharmacy's strategies to raise awareness of misuse and put in place measures to track sales. In addition, it will advise on the legislative changes needed to limit pack sales and the quantities that packs contain.

To give the supply chain time to adjust and to preserve supplies during the coming winter months, there will be no immediate restrictions on pack size. But restrictions are coming.

The group will also examine legislation to criminalise the possession of multiple packs of affected medicines, and conduct a systematic review of the evidence base for the use of sympathomimetic nasal decongestants.

Some may think that these measures are disproportionate, but that could be because they have not yet grasped the full nature of the potential for public harm caused by the misuse and illicit manufacture of this drug.

Pharmacy's role is to tightly control OTC sales. This will probably have little impact on large scale manufacturing units, set up to produce illicit methylamphetamine. These units will source their raw materials from places other than pharmacies. But it will help to stop the emergence of the small scale laboratories in domestic settings that fuel misuse, particularly among recreational drug users.

Experience shows the products of illicit production are harmful to the user, their co-habitants and the neighbourhood, and pose a significant risk of explosion and toxic pollution to property and the environment, which puts first responders (the fire service and the police) in danger.

Now it is over to pharmacy to deliver. And deliver it must. But if the profession can demonstrate that all staff involved in the sale of these OTC medicines are aware of the public health issues and always act accordingly, and that the public is being supported in their choice of decongestant, then the arrangements will be to everyone's benefit... apart, of course, from those who want to experiment with meth.

Georgina Craig and Roger Walker are trustees of PharmacyHealthLink. Professor Walker is chair of the CHM working group on pseudoephedrine and ephedrine, and Ms Craig is head of communication at the Company Chemists' Association

Your letters

In defence of 'flagship' event

The RPSGB is working hard to make the event more accessible, says BPC

BPC committee chair John Gentle

> Running conferences for community pharmacy has never been easy

As chair of the Society's conference committee, I can't let the comments made by Xrayser (C+D, September 22, p15) concerning the British Pharmaceutical Conference (BPC) go unchallenged.

BPC is a successful conference that in recent years has developed into a flagship event for pharmacy, attracting over 1,000 delegates from all sectors of the profession.

While I understand that the costs associated with BPC are prohibitive to many members, the Society is working hard to make the event more accessible to the wider membership. Recent initiatives include free access to the BPC exhibition and Careers Forum, financial support for attendees from the branches and a special £5 day for preregistration students. In addition, we have also introduced BPC-TV News, a free DVD that is sent to all UK-based pharmacists and which includes highlights from the conference including both the minister's and president's key note addresses.

In 2007 the Society struck up a partnership with the Pharmacists' Defence Association, with which we organised an evening event at BPC aimed specifically at a community pharmacy audience. This event was free of charge and gave anyone attending the chance to visit the BPC exhibition then listen to a topical debate on plans for the responsible pharmacist.

Xrayser claims that there is plenty of money in conferences. Well that may or may not be the case, but running conferences for a community pharmacy audience has never been easy, otherwise I am certain that events such as Chemex and Pharmacy Live would still be going strong.

One other area in which BPC excels is in promoting pharmacy to the wider public via the media. In 2007 the conference achieved national coverage on each day of the conference including The Daily Mail, The Financial Times, The Sun, the BBC and Channel 4 News. This, combined with extensive regional coverage, meant that the pharmacy message reached an audience of millions across Great Britain.

I would like to invite Xrayser to spend some time with me at the conference next year to see how relevant the practice sessions are to community pharmacy. If he can find nothing to improve his practice, it must be a very peculiar practice indeed.

John Gentle, chair,
BPC Conference Committee

Comment from the editor

Up to £40,000 per year, £3,333 per month, or £833 per week per pharmacy. Whichever way you look at it, can you afford to lose this much off your bottom line? For some pharmacies, this may be a big part of their weekly takings, while for large chains the total loss runs into tens of millions.

Like it or not, contractors are facing such a clawback. As C+D revealed exclusively last week, the Department of Health is using the latest category M adjustment to lower the overall reimbursement price of generics. An annualised figure of £400 million is to be recovered – effectively a direct hit on contractors' profits.

While the pharmacy contract for England and Wales clearly stipulated that contractors would be limited to £500m in purchase profits, a clawback of this magnitude is hard to stomach, especially with the lack of warning. The knock-on effect on cashflow and on community pharmacy's faith in the DH will be immediate.

Contractors had hoped for some stability under category M and a move away from the price reductions they faced under the previous model. But clearly this hasn't happened and the fluctuations in reimbursement under category M – coupled with a fear that control of entry could be dismantled – will do little to encourage investment in pharmacy services.

Oxygen services, direct to pharmacy, category M – community pharmacy seems to bear the brunt of new ways of working. The service available in pharmacies today is a world away from what it was a decade ago, and continues to develop, so why has pharmacy been penalised for being so successful?

The Company Chemists' Association hit the nail on the head this week with its call for pharmacy to be better integrated in primary care commissioning and for linking incentives across primary care to get pharmacy more closely involved with GPs. We can now only wait to see what the forthcoming pharmacy white paper will offer.

Gary Paragpuri, editor

> "The knock-on effect on cashflow and on community pharmacy's faith in the DH will be immediate"

Your views

Balancing risk and benefit

C+D columnist Kent Woods gives the MHRA view on pseudoephedrine

Balancing risks and benefits – the theme for this year's BPC conference – is particularly relevant to my organisation, the Medicines and Healthcare products Regulatory Agency.

Striking that balance lies at the heart of the MHRA's business of regulating medicines and medical devices. In few places have the challenges been more clearly illustrated than in our consultation on reclassifying ephedrine and pseudoephedrine-containing medicines from P to POM. I know this is a subject which many pharmacists feel strongly about, and one which has been followed in detail in C+D.

The public health risks of ephedrine and pseudoephedrine abuse are clear. They can be relatively easily extracted from medicines and used in the production of methylamphetamine (crystal meth). Police intelligence suggests the conditions are ripe in the UK for a significant increase in crystal meth abuse. Experience from other countries suggests we have a limited window of opportunity in which to act before crystal meth abuse becomes established. Crystal meth is a Class A drug with serious dangers attached to it; from a regulatory perspective, it was clear that we needed to act quickly and effectively to ensure that medicines did not inadvertently become a factor in its spread.

So much then for the risks. Yet decongestants containing these ingredients are widely used by patients, and are valued by them. Restricting the availability of such medicines would be seen by some as flying in the face of choice and access to medicines. On top of that, there were concerns that introducing a requirement for a prescription for these medicines would put a further burden on primary care.

These were some of the key benefit and risk issues we faced. But there is a specific and unusual dimension to the debate here. Frequently, when we weigh up the benefits and risks of a medicine or medical device, we are asking whether the benefits to a particular patient group justify the risks to those same patients.

In this case, while the benefits accrue to patients, the risks are to entirely different groups: those abusing crystal meth, those in the vicinity of any meth manufacture and to society at large. In effect, we would be asking should one group of people give up some benefits in order to reduce the risk to entirely different groups. This is an incredibly difficult balance to strike.

In the end, I believe the solution we have now achieves the right balance. We have not reclassified these medicines, but are introducing measures to reduce pack sizes, limit sales to one pack per customer, and recommend supervision of sales by a pharmacist. The Commission on Human Medicines' Expert Working Group will keep a watchful eye on the situation and formally review it after two years. We retain the option to reclassify at that stage or earlier if needed; but I hope that, by working with pharmacists, we can adequately protect both public health and patient choice through these measures.

Professor Kent Woods is chief executive of the MHRA

Xrayser

Topical Reflections

Innovation shines through

Myrepeats.com – why didn't I think of that? A system where patients can order repeat prescriptions via your pharmacy from a number of local GP practices and then either collect their prescription from your pharmacy or have it delivered to their home. That must be the way forward.

My best attempt at a similar system involves patients phoning my pharmacy with their order, my staff completing a repeat request form which is then taken by hand to the appropriate surgery. This is a reasonable service for some – particularly housebound – patients but it is time consuming and slow.

Myrepeats.com can even send email reminders to patients when their last supply is about to run out. This should help avoid the majority of problems with repeat ordering systems that are usually caused by people leaving everything until the last minute.

There are 14 GP practices and two pharmacies signed up to this scheme in Hove. That must provide worthwhile extra business for the two pharmacies and save time for the practices, both perhaps helping to fund a free service for patients.

Even if I had thought up this good idea I wouldn't have taken it any further because I know nothing about websites and the vast majority of my patients are elderly and wouldn't have a clue about using the internet. But in the not too distant future accessing the internet will become second nature to the majority and schemes like this are sure to flourish. If ETP ever takes off it will really come into its own.

If my patients and I were a little younger I would be contacting the pharmacist who set up this scheme to ask if he would sell me a package for use in my locality.

Gin-soaked raisins?

Recent media reports about the prosecution of drugs counterfeiters led one patient to question the authenticity of the Viagra I'd dispensed for him the previous week. I'm always pleased to see people taking responsibility for their medicines and was able to reassure him that none of these counterfeits had entered the supply chain and everything I dispensed was strictly legit.

This was a case of someone misunderstanding the implications of an accurately reported story, but often the more challenging conversations occur when people pick up misleading or incorrect information. Some sources are responsible for more than their fair share of patient concerns but other sources are more obscure and some medicines myths are just plain funny.

I had to work hard to convince an over-due pregnant patient recently, for example, that liquid paraffin would not hasten her baby's arrival into the world. She had already tried hot curries and a hot bath of course. I suggested that a watched pot never boils.

Internet research on the latest thinking about arthritis treatment revealed that some poor folks have tried using WD-40 to relieve their painful joints. The theory seems to be that if it eases your rusty door hinges then it should also lubricate stiff joints. Unless you happen to be the Tin Man it's complete rubbish of course, and the petroleum distillates in each spray are also potentially harmful.

I can understand why another folk remedy for arthritis may have gained credence though. Who needs an excuse to try gin-soaked raisins? But opinion is divided as to whether it's the gin or the raisins that contain the magic pain-relieving ingredient.

C+D

Northern Ireland Notebook

What next for PSNI?

The editorial (C+D, September 8, p12) on the future direction for PSNI was as insightful and blunt as it was realistic. PSNI can consult all it likes but this will not affect the direction that the government is taking it.

Some years ago regulation of healthcare professionals in the UK changed and with it the possibility of PSNI reaching its centenary. The government has been less than honest in telling PSNI this fact and should tell it as it is: the game is up. For an organisation the size and design of PSNI, it will be difficult to meet the modern model for regulators. And the government should have been clearer in stating its intention to disband PSNI as part of its wider reforms of professional regulation.

I have found the past 12 months of 'Norn Iron' pharmacy politics a masterclass in confusion. What should be happening is that PSNI represents and regulates pharmacy, while the government represents the public, and we should leave that to them.

> "Government has been less than honest with PSNI"

I say this because when faced with legislation and government reports that recommended disbandment, rather than fight PSNI thought it was government and consulted. And not until late summer did PSNI make public any kind of view of what it might want.

The UK-wide General Pharmaceutical Council is the only option for the future of professional regulation. It seems some 30 per cent of those respondents to the PSNI consultation got the right answer. Those who think otherwise are deluded.

PSNI providing professional self-regulation, even with stout Chinese walls, is unsustainable in the current political climate and it cannot exist as an independent voluntary body since too few pharmacists will sign up. It's that simple.

Written by a pharmacist practising in Northern Ireland

Pharmacy Champions

Alan Erwin, of the Alliance Pharmacy on Sandy Row, Belfast, has used a harm minimisation study to improve the medicines usage advice he gives to patients and to inform his staff

Misuse and abuse of over the counter medicines is a pertinent issue to most, if not all, community pharmacists.

I decided to take part in the study at **Queen's University** because I wanted to learn more about this area, to deal with such patients professionally and try to make a positive difference.

It was interesting to learn more about patients' motivations, misconceptions, and beliefs about medicines and their usage patterns. Through **understanding these beliefs** they can be effectively but sensitively challenged. This opens up opportunities to explore the issues a little deeper and encourage patients to make appropriate choices in their treatment.

Knowledge is key, coupled with a confidence in the delivery of that knowledge. To tell someone not to take a medicine a certain way you must back it up with a **sensible and legitimate** reason why.

Particularly with cases of misuse, often unintentional, educating the patient in a sympathetic fashion is important; a heavy-handed approach can **jeopardise the relationship** with the individual concerned and hence risk being able to have any positive input in the situation.

Abuse is more tricky, but a good relationship is still key. If you have been able to build up a good relationship with your customer they are much more likely to respect where you are coming from.

It is important to maintain a clear, and consistent message, one which is ultimately centred upon the patients' welfare.

A prescriber can change his prescribing habits, but it is important that community **pharmacists reinforce this** and encourage compliance. This may be required time and time again, but sometimes that's what it takes to get through.

Some pharmacists may regard this as an extra workload but I see it as proving your worth to prescribers and showing that you are an important part of the team.

A pharmacist without good supporting staff is like a boat with a hole in the hull. It's important to **involve your staff** in every situation you can, even in the more difficult circumstances. When training your staff, it is important not to blind them with science, but rather explain things to them in a way that they can relate to a patient.

A large part of detecting misusers and abusers is by the non-verbal indicators. It is important to share what these are with your staff, and detecting them well only comes with experience. If your staff feel **suitably empowered**, they will not disappoint you.

Out of hours

- I love **walking and camping**, and if these can be combined with foreign travel it's a bonus.
- I enjoy playing **guitar** with my band Universal Remedy; we play around Belfast and, no, I did not think of the name.
- My **guilty pleasures** are Bushmills whiskey and the Supreme chippy near to where I work – it's called that for a reason.

In August, Alan is travelling to Malawi, where he is hoping to establish a hospital dispensary, train pharmacy staff and educate patients about Aids. If you would like to sponsor this trip, please email him at **alanjameserwin@hotmail.com**

Under the white coat

- Like most young lads of a certain age, I wanted to be an **astronaut**. But I do clearly remember going to the chemist with my dad for an antibiotic and the pharmacist letting me go in the back and help him make it up. I'm not sure if that would pass a risk assessment these days, but from then on I **wanted to be a pharmacist**.
- I look forward to seeing how the pharmacist's role is going to develop. We are starting to be taken a lot more seriously by other healthcare professionals, though I feel there is still a long way to go.
- The **best part of the job** is the interaction with customers and staff. It could be said there is never a dull moment.
- The worst part begins with 'paper' and ends with 'work'.
- My **funniest moment** as a pharmacists was a heated debate when I held a talk about smoking at a local day centre. Some of the audience thought the smoking ban was my idea.
- If I wasn't a pharmacist, I would love to have been a **musician, photographer or writer**. Perhaps there is still time to dabble.

Nominate your Pharmacy Champion:
Telephone 01732 377088
or email jrichardson@cmpmedica.com

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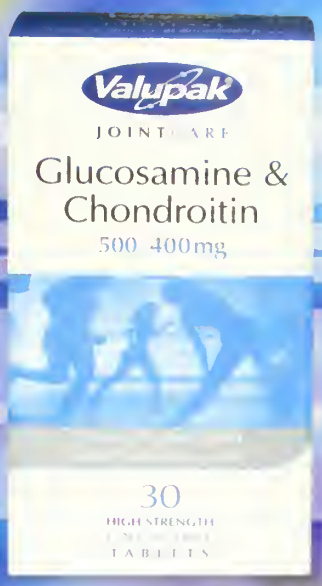

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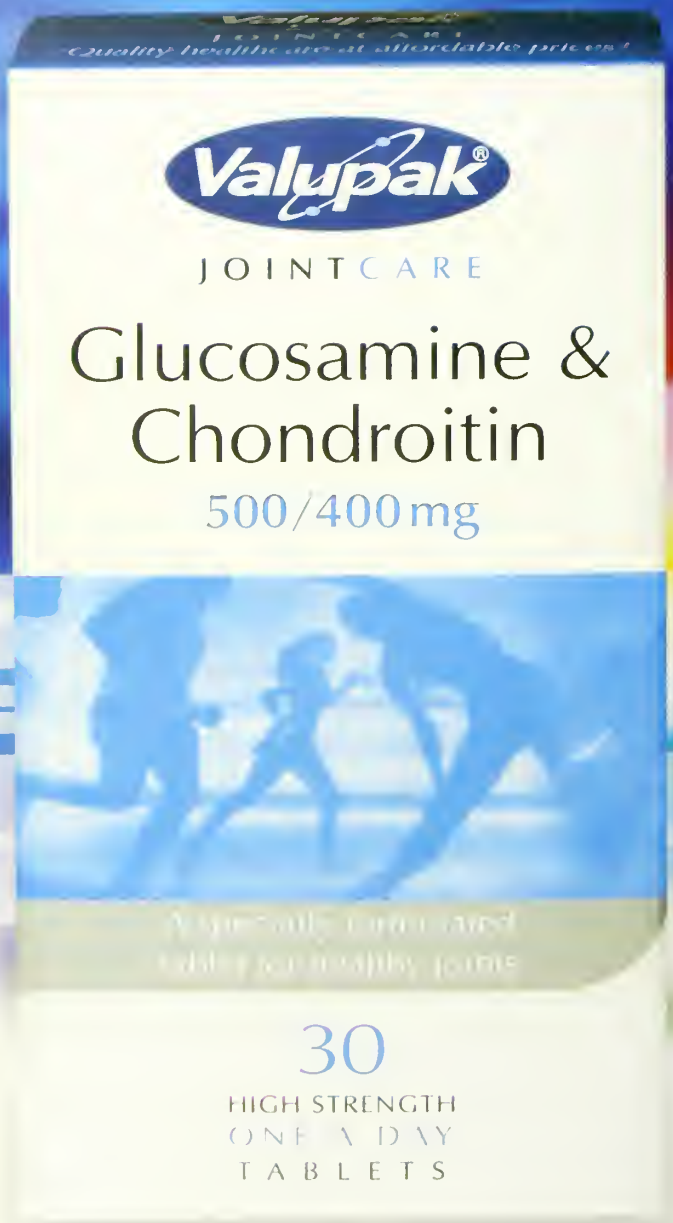

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Information about adverse event reporting can be found on www.yellowcard.gov.uk Adverse events should also be reported to the Taro UK Office Tel +44 8707 369544/ email:regulatory@taropharma.co.uk

For further information please freephone 0800 854431 or contact Winthrop Pharmaceuticals, 1 Onslow Street, Guildford, Surrey, GU1 4YS. Fax number 01483 554809. Date of preparation: August 2007 STW 336

Glitazone evidence questions heart failure significance

A fourth major metastudy of glitazone study data has concluded that treatment with both rosiglitazone (Avandia, GSK) and pioglitazone (Glustin, Takeda) increases the risk of congestive heart failure, but not cardiovascular death.

The authors of the new study concluded that heart failure in patients taking glitazones might not carry the risks usually associated with the condition.

The increase in congestive heart failure was probably due to water retention caused by the drug treatment and diastolic dysfunction in susceptible patients. The natural history of congestive heart failure due to glitazone-related fluid retention was unknown, the authors added.

The first metastudy published by NEJM in May found evidence of increased cardiovascular risk in patients taking rosiglitazone. In mid-September a second study published by JAMA found an increase in heart failure and myocardial infarction in patients taking rosiglitazone, but no increase in cardiovascular mortality.

A third study published in the same issue of JAMA showed an increase in heart failure in patients taking pioglitazone, but also a reduction in a composite outcome including death, MI or stroke.

In March and April, the MHRA warned health professionals that an increased risk of fracture observed in women should be considered when treating with the glitazones.

Together with other regulatory authorities in Europe, the MHRA is reviewing the available data for the cardiovascular safety of both rosiglitazone and pioglitazone.

The Lancet 2007; 370: 1129-36

In brief

SPC changes

Olmetec tablets (olmesartan medoxomil). Revised regarding use in hepatic impairment.

Psoriderm Emulsion 40% w/v Bath Additive (distilled coal tar). Change of name from Psoriderm Bath Emulsion

Inovelon tablets (rufinamide). New product to treat seizures associated with Lennon-Gastaut syndrome.

Salazopyrin suppositories (sulfasalazine). Change to storage instructions.

Andropatch 2.5mg and 5mg/24hours transdermal patch (testosterone). Change of name and storage instructions.

Acomplia tablets (rimonabant). Contraindicated in patients with major depressive illness or on antidepressant treatment. Warning about the incidence of depressive disorders or mood alterations in patients on rimonabant.

Enzira injection (influenza vaccine). New product.

Spiriva Respimat 2.5mcg solution for inhalation (tiotropium bromide). New presentation.

Gabitril tablets (tiagabine). Warning about the risk of convulsions in non-epileptic patients.

www.emc.medicines.org.uk

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Glutafin gets fresh with brown bread

Glutafin is hoping to capitalise on the success of its Select Fresh White Bread with the launch of a brown variant.

Glutafin Select Fresh Brown Bread is baked to order and delivered on a weekly basis to customers via pharmacies. The product is sliced and stays fresh for up to eight days, but may be frozen. It can be ordered in cases of eight loaves, and – as a Drug Tariff borderline substance – is reimbursable against NHS prescriptions in England and Wales.

Brand manager James Arthurs said: "We are sure that people with coeliac disease and dermatitis herpetiformis will be delighted."

See Pricelist for price and pipcodes.

Glutafin Careline: 0845 603 9895

www.glutafin.co.uk

ADR gene project goes Europe-wide

A Europe-wide project to create a collection of DNA samples from patients who suffer adverse drug reactions is being funded by the EU in its first year and samples collected from at least 500 cases for each of six ADRs.

www.eudragene.com

Januvia scoops top US prize

Januvia (sitagliptin) has been named Best Pharmaceutical Agent at the 2007 Prix Galien USA Awards. The type 2 diabetes agent was considered alongside 19 other compounds before receiving the prize, which recognises innovation by the pharmaceutical industry. Merck Sharp and Dohme launched the DPP-4 inhibitor in the UK earlier this year.

EU OK for diabetes drug combinations

The European drug regulator has given the green light for two new anti-diabetes drug combinations.

The European Medicines Agency (EMEA) adopted a positive opinion on Novartis' Eucreas, which contains vildagliptin and metformin. A second diabetes type 2 agent, Takeda's pioglitazine plus metformin formulation, was also given the go-ahead, with particular emphasis on the product's use in overweight patients.

Positive opinions were also granted for Tasigna (nilotinib), Novartis' specialist leukaemia drug, and Wyeth's Torisel (temsirolimus) for the first-line treatment of renal cell carcinoma.

There was good news for Roche as the meeting recommended the reintroduction of Viracept (nelfinavir) to the European market. The manufacturer pulled the antiretroviral this summer when several batches were discovered to have become contaminated with a known genotoxin during manufacture.
www.emea.europe.eu

Genes reduce sickle-cell effects

King's College researchers have identified three genes that control a haemoglobin variant known to be helpful in patients with sickle-cell anaemia.

The genes control patients' foetal haemoglobin levels, which is found in children and adults in varying quantities.

High levels of fetal haemoglobin are known to reduce symptoms in patients with sickle-cell anaemia and beta thalassaemia.

The researchers plan to develop a diagnostic DNA test that would be used in counselling patients with the conditions.
http://tinyurl.com/yw7yox

US research quashes thiomersal link to neuro damage

Early exposure to mercury-containing vaccines does not affect neurological development in children, US researchers have concluded.

The study considered 42 neuropsychological outcomes (but not autistic spectrum disorders) in over 1,000 children aged between seven and 10 years who had been exposed to thiomersal-containing products prenatally and/or in the first seven months of life. The team concluded there were "few significant associations" and that those detected were "small", "almost equally divided between positive and negative effects", and "mostly sex-specific". Furthermore, they theorised the associations previously drawn were "chance findings".

Two commentaries accompany the research in the NEJM. The first, written by a legal professor, highlights similarities with the MMR controversy, while the second, penned by an expert in infectious diseases, cautions of the danger of communicating theoretical risks to the public.
NEJM 2007; 357: 1281-92

Madeleine, medicines counter assistant at Update Pharmacy, comes into the dispensary to talk to pharmacist David Spencer. "Do we have any arnica tincture, Mr S? Is it one of those herbal or homeopathic medicines?"

"Who's asking for it?" David asks.

"The lady at the counter."

"I'll have a word" says David, going out to talk to the middle-aged woman standing at the counter.

"It's to get rid of bruises, isn't it?" the woman asks. "My mother used to swear by it and use it on us when we were children."

"I'm afraid you can't get it any more. Have you got a bruise then?" asks David.

"Yes. Look at this," the woman says, holding out her right hand which has a large purplish patch on the upper surface.

"How did you do that?"

"I don't know, it just appeared yesterday. It doesn't hurt, but it looks awful and I just want to get rid of it. I'd normally go to my local chemist for advice, but I'm staying down here with a friend for a few days."

"Are you taking any medicines?" David asks.

"I am actually. I had a heart valve replacement about three years ago and I've been taking warfarin ever since to stop blood clots building up on it."

"Have you had the dose changed recently?" David asks.

"No, I've always been on two blue tablets a day. I go for blood tests regularly and they always say it's fine as it is."

"Is warfarin the only medicine you take?"

"No, I had breast cancer and had to have a mastectomy a little while ago, and I've been taking tamoxifen tablets since then."

Questions

1. What is the likely cause of the bruise?
2. What, if anything, should David do about it?
3. What action(s) could be taken to resolve the problem?
4. What are the indications for topical arnica preparations?
5. What are the indications for homeopathic arnica?

A Practical Approach... this week's answers

1. Interaction between tamoxifen and warfarin, enhancing the anticoagulant effect of warfarin.
2. Advise the woman to arrange for an INR retest as a matter of urgency.
3. Stop the warfarin, restart at a lower dose to allow for the interaction and titrate the dose to attain the desired INR. If the woman is post-menopausal, tamoxifen could be replaced by an aromatase inhibitor such as anastrozole, which would not interact with warfarin.
4. Bruises, stiffness, muscle soreness and strains.
5. Athletic performance, backache, broken bone support, bruising, burns, bursitis, carpal tunnel syndrome, dental support, eye injuries and strain, fibromyalgia, gout, haemorrhoids, osteoarthritis, pregnancy and delivery support, rheumatoid arthritis, surgery and recovery support, varicose veins – although there is little evidence of effectiveness.

CPD

This article can help in the following CPD competencies: G1a, G1e, C1c, C1f. See www.tinyurl.com/194zu

The NUROFEN® Community Care Pharmacy Assistant Award'07

Are you helping remove life's little pains?

The Nurofen Community Care Pharmacy Assistant Award recognises pharmacy staff who go out of their way to help their customers, over and above their day job.

It could be anything from offering a cup of tea to a regular elderly customer to learning the basics of a foreign language to better communicate with people of the local community.

However big or small you think it is, they are helping to remove life's little pains and we want to know about it!

£1,000 AWARD FOR THE CHARITY OF YOUR CHOICE!

"One of my team has been in work every day to make sure stranded flood victims have the medicines they need, despite the fact his own house has been flooded"

Pharmacist, Cheltenham, July 2007

Choosing the winners

Six regional winners will be selected by a panel of industry experts. The Awards winners will be invited to join us at a lovely central location (we will arrange for transport) where we will award them their prizes over dinner. They will also have their photo taken with the big cheque for their chosen charity – you may see your pharmacy's story in your local paper!

One of the lucky finalists will also be presented with the national prize for showing exceptional community care.

The Award winners will each win:

- A donation of £500 to the local registered charity of their choice. For the national winner the donation will be £1000
- A special Nurofen Community Care Pharmacy Assistant Award certificate
- Your pharmacy's story in the winners feature in the pharmacy press
- Free press release sent to your local newspaper promoting your pharmacy's participation in the Award


Is food intolerance slowing them down?
Find out with new Kymatika
Up to 45% of people have symptoms linked to food intolerance - headaches, fatigue, poor complexion, feeling bloated or just feeling below par. Unfortunately, most food intolerance testing systems are invasive, time-consuming and expensive.
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Applying techniques from forensic science, Kymatika uses a test, based on the unique, infra-red, molecular 'fingerprint' of a food, to measure an individual's reaction to that food and identify current or potential problems right there and then. Kymatika has the 'fingerprints' of a wide range of foods on its database.
Offering this test will add value, and enhance the services that you currently provide to your customers. With minimal set up costs and training involved, you'll have the opportunity to realise profits of up to 60%.
Don't miss out! To find out more, or to become a provider, visit www.kymatika.com or call 0845 603 6635.
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Good for them, good for you

www.nicorette.co.uk

at times when breakthrough cravings occur, strike back with nicorette® Combination Therapy

nicotine

- 1 in 2 smokers using **nicorette® Combination Therapy** had successfully stopped smoking at 6 weeks[1]
- **nicorette® Combination Therapy** is up to 50% more effective than monotherapy at 12 weeks[1,2]
- For smokers who have used a single form of NRT before but need help to manage breakthrough cravings[3]

for every cigarette, there's a nicorette

Nicorette Patch Product Information: Presentation: Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing [illegible] respectively over 16 hours **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking [illegible] **Dosage: Adults (over 18 years):** Patients should stop smoking during treatment. The patch should be applied to the skin [illegible] morning and removed at bedtime. Application should be limited to 16 hours per day. Initially one [illegible] should be reduced to 10mg for 2 weeks and then 5mg for a further 2 weeks. Adults who use NRT [illegible] healthcare professional **Adolescents (12 to 18 years):** As per adult, but duration of therapy [illegible] a healthcare professional **Under 12 years:** Not recommended. **Contraindications:** [illegible] **Precautions:** [illegible] If severe or persistent discomfort discontinue treatment. Unstable cardiovascular disease, [illegible] generalised dermatological disorders, renal or hepatic impairment. [illegible] dependence is rare and less harmful and easier to break [illegible] and pain response to adenosine. Keep out of reach and [illegible] **Pregnancy and lactation:** [illegible] consulting a healthcare professional. **Side effects:** [illegible] ns, reversible atrial fibrillation. See SPC for [illegible] **Legal category:** GSL. **PL numbers:** [illegible] 0293 0294 **Date of preparation:** [illegible] **Uses:** Relief of nicotine withdrawal [illegible] and also smokers who need [illegible] of gum should be used [illegible] smoking more than 20 [illegible] should stop smoking during treatment. After up to 3 months ad libitum dosage, Nicorette gum use should be gradually reduced. Those who use NRT beyond 9 months should consult a healthcare professional. *Smoking reduction:* Use the gum between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready but no later than 6 months. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. **Adolescents (12 to 18 years):** No more than 15 pieces of gum should be used each day. Smoking cessation: After 8 weeks ad libitum dosage, reduce gum use over 4 weeks. If not stopped by 12 weeks, a healthcare professional should be consulted. *Smoking reduction:* Only after consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Denture wearers, GI disease, unstable cardiovascular disease, diabetes mellitus,uncontrolled hyperthyroidism, phaeochromocytoma, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Headache, sore mouth or throat, jaw-muscle ache, GI discomfort, hiccups, nausea, vomiting, dizziness, erythema, urticaria, palpitations, allergic reactions, reversible atrial fibrillation. See SPC for further details. **NHS Cost:** 2mg gum (10) £2.05, 2mg gum (30) £3.25, (105) £8.89, (210) £14.82; 4mg gum (30) £3.99, (105) £10.83, (210) £18.24. **Legal category:** GSL. **PL numbers:** Original 2mg 00032/0248, 4mg 0032/0249; Mint 2mg 0032/0250, 4mg 0032/0251 Freshmint 2mg 0032/0283, 4mg 0032/0295, Freshfruit 2mg 15513/0136, 4mg 15513/0137 **PL holder:** Pharmacia Ltd. Ramsgate Rd. Sandwich, Kent.CT13 9NJ. **Date of preparation:** March 2007. **References: 1.** Puska P Korhonen HJ, Vartiainen E, et al. Combined use of nicotine patch and gum compared with gum alone in smoking cessation: a clinical trial in North Karelia. Tobacco Control. 1995;4:231-35. **2.** Komitzer M, Boutsen M, Dramaix M, et al. Combined use of nicotine patch and gum in smoking cessation: a placebo-controlled clinical trial. Prev Med. 1995;24:41-47 **3.** Action on Smoking and Health. Guidance for Health Professionals on changes in the licensing arrangements for Nicotine Replacement Therapy. December 2005.

Date of preparation: June 2007

02019

C+D Clinical

An eye for an eye

All you need to know to help you advise customers on the correct use of contact lenses

Key points

- The main lens types are rigid gas permeable and soft (hydrophilic), with the latter available as disposables for daily, fortnightly or monthly use and extended wear (24 hours).
- All lenses other than daily disposable or extended wear need a rigorous regime of daily cleaning and disinfecting.
- Protein removal is necessary at intervals (usually weekly) depending on the individual and the lens material.

Asha Fowells MRPharmS

It's the end of a busy morning and, as you sit down with a welcome cup of coffee, you catch sight of some leaflets and a price list left earlier by a sales rep from an optical care firm. You sigh, remembering that you had no time to speak to her, yet her parting words – "Six out of 10 people in the UK need corrective lenses, but your fixture's a mess" – ring true.

Sitting back with your coffee, you ponder on how the recent chloramphenicol switch means you know a lot about common eye ailments, but somehow you have lost touch with the contact lens area. You know it's not as simple as just soft and gas permeable, yet you haven't reviewed the solutions you stock and you guiltily realise that you're rusty on lens care.

So you drain your coffee and reach for your CPD log...

Contact lens types

More than three million people in the UK wear contact lenses. The most common reason is myopia (short sightedness), but contact lenses are also used to correct

The College of Pharmacy Practice

This course (module 1418), in association with multiple choice questions being published in C+D November 3, provides one hour's continuing education

Reflect

What care regime is necessary for extended wear disposable lenses? Do you know the symptoms of Fusarium keratitis and what causes it? Which eye drop/lens solution preservatives should soft lens wearers avoid?

Plan

This article summarises the main types of contact lenses and their care regimes, together with problems that may occur with contact lens use.

CPD This article can help in the following CPD competencies: G1a, G1q, G1s, C2a. See www.tinyurl.com/194zu

Many lenses have a handling tint, making them easier to see when out of the eye without altering the eye colour when fitted

Soft (hydrophilic) contact lenses are made from oxygen permeable pliable plastic, and comprise 30 to 80 per cent water. Soft lenses extend over the iris to the sclera (white of the eye). Because they conform to the shape of the eye, they are comfortable and secure to wear and are the choice of most contact lens wearers. There are several subtypes:

- High water content: comprising over 65 per cent water, these lenses are particularly suitable for individuals with dry eyes. The high water content facilitates the passage of more oxygen, but the lower plastic content makes these lenses more fragile, more likely to attract deposits and hence more difficult to clean. There is also a higher chance of water evaporation, making the lenses uncomfortable and cloudy.
- Disposable: daily lenses require no cleaning, so are hassle-free. They are suitable for people who wear lenses occasionally, or who are worried about losing them, eg when playing sport. Fortnightly and monthly lenses are more cost-effective options.
- Extended wear: silicon hydrogel lenses are kept in the eye 24 hours a day for a month. They are highly permeable to oxygen, making them suitable for dry eyes. They are also a good choice for people wanting normal vision over 24 hours but unwilling to risk surgery.
- Toric: lenses with different curvatures on the front and back to correct astigmatism. They can be tricky to fit and manufacture, so are more expensive. Monthly disposable toric lenses are available.
- Multifocal: these work in the same way as bifocal or varifocal glasses and are suitable for presbyopia.
- Tinted or coloured: normal corrective lenses with a colour printed on to the plastic to change the eye colour for cosmetic reasons. This is different from lenses with a handling tint, which is indiscernible when the lens is being worn, but makes it easier to see the lens when it is out of the eye.

Rigid gas permeable (RGP) lenses are made of firm plastic and allow the passage of oxygen. They should be replaced at least once every two years.

They are smaller than soft contact lenses – covering the pupil and some of the iris – and take longer to fit and get used to, as they do not conform to the eye surface. However, the rigid structure means RGPs can be made to fit irregularly shaped eyes, making them a popular choice in astigmatism. On the other hand, an incorrect fit coupled with [illegible] tend to flick out of place.

Lens care regimes

All lenses (except extended wear and daily disposables) need to be cleaned before insertion and disinfected by soaking overnight. Cleaning removes particles on the lens (such as dust and make-up) to make it as clear and comfortable as possible.

Disinfecting kills micro-organisms that can grow on dirty lenses and cases. This soaking solution also keeps the lens moist, which is important for soft lenses as it ensures they maintain their shape.

Soft lens wearers can choose between traditional hydrogen peroxide systems and newer multipurpose solutions. Peroxide systems rely on the reaction between hydrogen peroxide and either a platinum disc or catalytic tablets to clean via oxidation, bubbling action and ionic displacement.

More popular are multipurpose solutions, which combine the functions of cleaning, soaking, disinfecting, rinsing and wetting, without the need for time-consuming neutralisation. Most contain a preservative such as polyhexanide, but more expensive preservative-free multipurpose solutions are available for those with sensitive eyes.

Multipurpose solutions are also available

for RGPs. These generally contain a chlorhexidine-based preservative, which will not absorb into RGPs (unlike soft lenses). For this reason, it is important that solutions intended for gas permeable lenses are not used with soft lenses, and vice versa.

If used properly, multipurpose solutions are effective at keeping lenses clean and free from particles and micro-organisms. However, longer wear lenses tend to suffer from a gradual build up of protein deposits. This film makes lenses cloudy and uncomfortable, so should be eliminated using enzyme-containing protein removal tablets. The frequency of use depends on the individual – some people produce more protein in their tears, and some lens materials attract more deposits – but weekly is generally recommended. It is important to remember that protein removal is not a substitute for daily cleaning.

Comfort drops may be used to ease discomfort when the lens is being worn. However, frequent users should be referred to their contact lens practitioner to ensure that the lens is not faulty or fitted incorrectly, and that the eye is healthy.

Lens care solutions should always be recommended by the individual's optical practitioner, as the choice differs according to the patient's eyes and lens material. In addition, solutions should only be changed after consulting the practitioner.

Remember case care

Lens cases should also be cleaned daily by rinsing out with disinfecting solution then leaving to air dry, and replaced once a month. Many multipurpose solution packs include new lens cases.

What can go wrong

Acanthamoeba keratitis, a very painful infection of the cornea that can lead to blindness, is the eye condition most commonly associated with lens use. However the condition is rare, affecting an average of one in 30,000 users and the risk can be minimised by observing good standards of hygiene and complying with care instructions. Symptoms include watery gritty eyes, blurred vision, photophobia, swelling of the upper eyelid and extreme pain. Suspected cases should be referred immediately to the local A&E department.

Fusarium keratitis hit the headlines last year when a contact lens solution was withdrawn following a suggested link with this fungal eye infection. As a result, the manufacturer and the Medicines and Healthcare products Regulatory Agency (MHRA) monitored the number of ocular Fusarium infections reported in the UK. In January, the MHRA stated that the infection rate had not risen, but that tests had shown the solution to be less effective than expected at combating Fusarium infections if instructions were not followed.

Because of the publicity, contact lens wearers have become more aware of the condition, which results from the Fusarium fungus found in plants and soil and usually occurs following corneal trauma or injury. Symptoms include redness, pain, photophobia, blurred vision, discharge, discomfort and swelling, and usually develop over days or weeks. The condition is rare, but can lead to significant loss of vision if not treated promptly.

Other eye infections such as conjunctivitis, blepharitis and styes do not appear to be more common in contact lens wearers. If an eye infection is suspected because of symptoms such as discharge, discomfort or red eyes, the lenses should be removed immediately.

There are two reasons for this: firstly, so eye drops or ointment can be administered without the preservative or active ingredient damaging the contact lens, and secondly, to prevent the lens itself becoming infected. Starting treatment rapidly is of the utmost importance, as lens wearers may be at increased risk of the infection leading to keratitis.

Contact lens wearers are no more likely than other people to suffer from hayfever-

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- Users have high product satisfaction and intent to repurchase[2].

[1] Bio'sat Market Research 2005 [2] Marketing Sciences Consumer Research 2006

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www.dotpharmacy.com/upmain.html

...ng medical condition such as rheumatoid arthritis, treatment with drugs such as antidepressants or oral contraceptives, or environmental factors such as computer use – can result in a deterioration of vision, which can be distressing and dangerous. Preservative-free lubricating drops (also known as comfort drops – see above) are the usual course of action, with lifestyle modification if appropriate, but anyone who complains of suffering long-term should be referred to their optician for an eye health check.

...treatment ...) If they need ... they should seek ... drops from their GP. Lens wearers can minimise the risk of symptoms by wearing spectacles when the pollen count is particularly high or when gardening, wearing close fitting sunglasses if the weather is hot and dry, and reducing the amount of time lenses are worn to around 12 hours a day.

Dry eyes can be a problem for contact lens wearers, who rely on tears to keep their lenses in place. Dryness – whether due to an ...

Lifestyle advice

- Hands should be washed and dried thoroughly before handling lenses.
- Lens care regimes should be followed to the letter.
- Water (bottled or tap) or other liquids (including saliva) should not be used instead of contact lens solutions.
- It is inadvisable to swim in contact lenses, because of the risk of lens loss or contamination. Regular swimmers can purchase prescription goggles. Failing that, tight-fitting normal goggles should be worn over lenses, or daily disposables worn and discarded immediately after swimming.
- Regular check ups are vital for lens wearers, to ensure the prescription and fit of the lenses is correct, and that the eyes are healthy.
- Wearers should avoid make-up containing glitter or fibres (such as thickening mascaras) as these can fall into the eye. It is best to choose eye make-up that states it is suitable for lens wearers or sensitive eyes and that it has been ophthalmically tested. Mascaras and eyeliners should be replaced every three months. Lenses should be inserted before putting on make-up, and removed before make-up is taken off.
- All contact lens wearers should ensure they have up to date glasses as well as a spare set of lenses (and solutions if used).

Continuing Professional Development CPD

Act

- Revise your knowledge of eye problems. Some were addressed in a recent Pharmacy Update (C+D, September 22, p21).
- Find out more about potential problems associated with contact lenses. A good starting point is 'Contact lens complications' at http://...w.emedicine.com/OPH/... Information on lens care is at http://www.uihealthcare.com/...eye_4...html
- Look at your contact lens solution section. Do you have a good range? Do they cover all types of contact lenses available? Price may be a problem. Are they expensive and, if so, why? What do you tell your customers who comment on the price? Do you think there should be smaller packs available? Why not discuss this with the sales rep from an optical care company?
- A patient presents with a red eye, after having slept with her rigid gas permeable lenses in overnight. Make notes on what you would tell that patient. And what would you sell them, if anything?
- Make sure your medicines counter assistants are aware of potential problems associated with contact lens wear so that they always ask patients presenting with an eye problem if they use lenses.
- Do you sell coloured (non-corrective) contact lenses? Do you think they present a potential hazard to the wearer? If not, can you present evidence of their safety?
- Make sure you know which OTC eyedrops may be used by contact lens wearers (both when the lens is being worn and when it has been removed).

Evaluate

- Do you now know more about the different types of contact lenses? Are you confident you would know when to refer a patient who wears contact lenses and presents with an eye problem?
- Listen to your assistants giving advice to a contact lens wearer. Do they know enough to provide that advice? Could you recommend the most suitable solution for someone asking for "something to clean my contacts"?

For more information

The British Contact Lens Association
www.bcla.org.uk
The College of Optometrists
www.college-optometrists.org
The Eyecare Trust charity
www.eye-care.org.uk
The Association of Contact Lens Manufacturers
www.aclm.org.uk

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need ... With the support of Genus ... pharmacists can self-test ...

These will cover:
- Contact lens care (1418)
- Drugs used in HIV (1419)
- Lung cancer early signs (1420)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please ... Caroline Sanderson on 01732 377269.

Chemist + Druggist
in association with
Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

Cymex turns up the Heat

Cold sore cream Cymex is being backed by a £750,000 consumer marketing and PR campaign, reports Actavis. Focusing on the women's press, ads are running in titles such as Cosmopolitan, Heat and Now.

Online, a website will launch this month offering information and advice on cold sore prevention and treatment.

Cymex cream tackles cold sores on three fronts: by soothing the tingle, relieving cracked lips and controlling infection.

Product info:
Actavis
Tel: 0800 373573
www.cymex.co.uk

Hand cleanser range debuts

Asseptgel is a new range of hand sanitisers available from Veggie Mart. Said to kill 99.99 per cent of germs in less than 15 seconds, the brand removes the need for soap, water or towels.

Asseptgel contains water soluble oils from plants, trees and fruits found in the Amazon rainforest, together with moisturising aloe vera. As part of Brazil's Green Label program, the products will put money back in to preserving the Amazon, says Veggie Mart.

Visit stand D78 at next week's Pharmacy Show to see the new products. A launch offer of 12 for 11 is available during October.

Product info:
Veggie Mart
Tel: 020 8361 4771
Prices:
£1.99/59ml

Multibionta gets busy on the box

Probiotic multivitamin Multibionta is being backed with a £1 million TV ad budget this month.

Targeting both men and women with busy lifestyles, there are two ads promoting Multibionta and its Activate variant. They will be screened throughout October on Channel 4, More 4 and E4 around programmes including Property Ladder, Jamie at Home and Ramsay's Kitchen Nightmares.

Product info:
Seven Seas
Tel: 01482 375234

Visit C+D at the Pharmacy Show at the NEC Birmingham October 14-15 2007 ›

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NOMINATE OR ENTER NOW!

Whatever your pharmacy staff do beyond the call of duty to help the community – **we want to hear about it!**

Enter yourself or nominate a colleague for the Nurofen Community Care Pharmacy Assistant Award by describing, in no more than 50 words, what has been done to remove life's little pains. Then simply tear off your entry and pop it in the post.

NAME JOB TITLE

PHARMACY NAME TEL NO

PHARMACY ADDRESS

POST CODE

For additional entry forms, telephone the helpline 01284 717693.

Other colleagues can simply send their 50 word entry on a piece of paper with their name, pharmacy name and address to Nurofen Community Care Pharmacy Award, Communications International Group, 207 Linen Hall, 162-168 Regent Street, London W1B 5TB or fax to: 01284 717699.

Closing date: Monday, 10th December 2007

BUSINESS REPLY SERVICE
LICENCE No. WD5012

2 1

Nurofen Community Care Pharmacy Assistant Award
Communications International Group
207 Linen Hall
162-168 Regent Street
London
W1E 5DS

1 2 3 4 5

Are you helping remove life's little pains?

Daily dose of Haliborange

Haliborange Omega-3 for Infants has been launched by Seven Seas. Suitable from six months of age, the product provides the essential fatty acid DHA, said to be important for brain development. The flavourless, odourless oil is derived from algae.

The contents of one capsule should be added to the youngster's food for a daily dose of fatty acids, says Seven Seas. National print and online advertising and a PR campaign will support the launch.

Product info:
Seven Seas
Tel: 01482 375234
Prices and Pip codes:
£10.99/30, 329-6720

Seven Seas twisting lessons

Seven Seas is running a £4 million campaign aiming to teach consumers the benefits of its Joint Health brands, Cod Liver Oil and JointCare. Continuing until Christmas, the 'Do the Seven Seas twist' campaign spans TV, radio, press and online activities.

Twist-themed PoS materials include a door sign and dummy boxes. Special packs of Pure Cod Liver Oil will be available offering 33 per cent extra free.

Product info:
Seven Seas
Tel: 01482 375234
www.sevenseastwist.co.uk

Crystal clear armpits

Crystal Spring has launched a range of Natural Body Deodorants containing crystallised salts from Thailand.

The products are free from parabens and aluminium and are hypoallergenic, fragrance-free and not tested on animals.

The range of deodorants is being offered in classic, spray and travel variants.

Product info:
Crystal Spring
Tel: 023 8069 5550
Prices:
From £2.49-£4.49

Products advertised on TV next week

Bassett's Soft & Chewy Omega 3: GMTV, Sat
Compeed cold sore patch: All areas
Deep Freeze Patch: All areas, except GMTV, C4, five
Haliborange Omega 3: C4
Listerine Total Care: All areas
Multibionta & Multibionta Activate: C4
Nurofen Express: All areas
Seven Seas' Joint Health Brands Cod Liver Oil & Joint Care: All areas
PharmaSite for next week: Zantac – windows, **Zantac** – in-store, **Zantac** – dispensary
Pharmacy channel: Solpadeine Plus, Imigran Recovery, Clearly Herbal Natural Baby Wipes, Murine, Senokot

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Imigran Recovery is the only OTC treatment that tackles the symptoms and the root cause of migraine itself.[1,2] Just one tablet can start to work on migraine headache in 30 minutes. Within 2 hours, it helps sufferers function normally again[3] and can provide complete relief of headache and all major migraine symptoms.[4]

What could be more positive for your migraine customers?

Sumatriptan

Imigran Recovery 50 mg Tablets (sumatriptan) Product Information. Uses: Acute relief of migraine attacks. Ensure clear diagnosis. **Dosage**. *Adults 18-65 years only:* 50 mg as soon as possible after onset of migraine headache. Repeat dose ≥ 2 hours after first if symptoms recur. Do not take second tablet if no response to first. **Contraindications**. Prophylaxis. Hypersensitivity to constituents or sulphonamides; concurrent treatment with MAOIs, ergots, other triptans; myocardial infarction, ischaemic heart disease, symptoms/signs consistent with ischaemic heart disease, coronary vasospasm (Prinzmetal's angina), arrhythmias, peripheral vascular disease; stroke or transient ischaemic attack; hypertension; hepatic or renal impairment; history of seizures, lowered seizure threshold; hemiplegic, basilar or ophthalamoplegic migraine. **Precautions** First migraine after age 50, assess risk factors for cardiovascular disease, typical headache > 24 hours, atypical symptoms, taking combined oral contraceptive pill, pregnancy or breast feeding. **Interactions** MAOIs, ergots, SSRIs, SNRIs, tricyclic antidepressants, St John's wort. **Side effects**: Common: pain, heat, cold, heaviness, pressure or tightness affecting any part including chest and throat; may be intense, usually transient. Dizziness, drowsiness, sensory disturbance including paraesthesia and hypoaesthesia, nausea, vomiting. Feelings of weakness, fatigue. Very rare: hypersensitivity reactions, seizures, tremor, dystonia, nystagmus, scotoma; visual disturbances; cardiovascular disturbances including bradycardia, tachycardia, palpitations, arrhythmias, ischaemias, coronary artery vasospasm, angina, myocardial infarction, hypotension, Raynaud's, ischaemic colitis. **Legal category** P. **Product licence number** PL 00071/0455. **Product licence holder**: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP**: 2 tablets £7.99. **Date of revision**: July 2007. **Imigran** is a registered trade mark of the GlaxoSmithKline group of companies.

gsk GlaxoSmithKline

References: 1. Goadsby PJ, Lipton RB, Ferrari MD. N Engl J Med 2002; **346**(4): 257-270. 2. Humphrey PPA. Cephalalgia 2001; **21** Suppl 1: 2-5. 3. Landy S, Savani N, Shackelford S *et al*. Int J Clinical Practice 2004; **58**(10): 913-919. 4. Winner P, Mannix LK, Putnam DG *et al*. Mayo Clin Proc 2003; **78**(10): 1214-1222.

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Product info:
Lifes2good
Tel: 01923 852790
Prices: £15.95-£24.95

It's a Breeze

The Breeze 2 blood glucose monitoring system has been launched by Bayer. The product is designed for improved accuracy, speed and convenience, says the company. Once loaded, the meter will give 10 tests. Results are provided in five seconds from a blood sample of 1 microlitre.

Product info:
Bayer Diabetes Care Plc
Tel: 01635 566362
Prices and Pip codes:
£9.99, 329-3149

Tisserand bearing new gifts

Aromatherapy brand Tisserand is getting into the festive spirit with the launch of the Bath & Shower Oil Collection.

Behind an acetate sleeve are six glass 4ml bath and shower oils in three fragrances – revive, relax and re-balance – hand blended from essential oils. All contain organic ingredients and are free from parabens.

Also new are candles in two aromas. The candles give off a long-lasting aroma using pure essential oils in organic plant wax. The Citrus variant is said to be zesty and refreshing while the Exotic Spice features a cheering and invigorating perfume, says Tisserand.

Product info:
Tisserand
Tel: 01273 325666
Prices:
Oil collection £15; candles £12.50

Cura-Heat range expands

A neck and shoulder pain variant has been added to Cura-Heat's pain relief range. The U-shaped product is said to provide warmth for up to 10 hours. Winter will see the brand on TV and via PR activity with pharmacy-specific promotions planned.

Product info:
Maverick Sales & Marketing
Tel: 01628 478555
Prices and Pip codes:
£4.49/2, 330-7774

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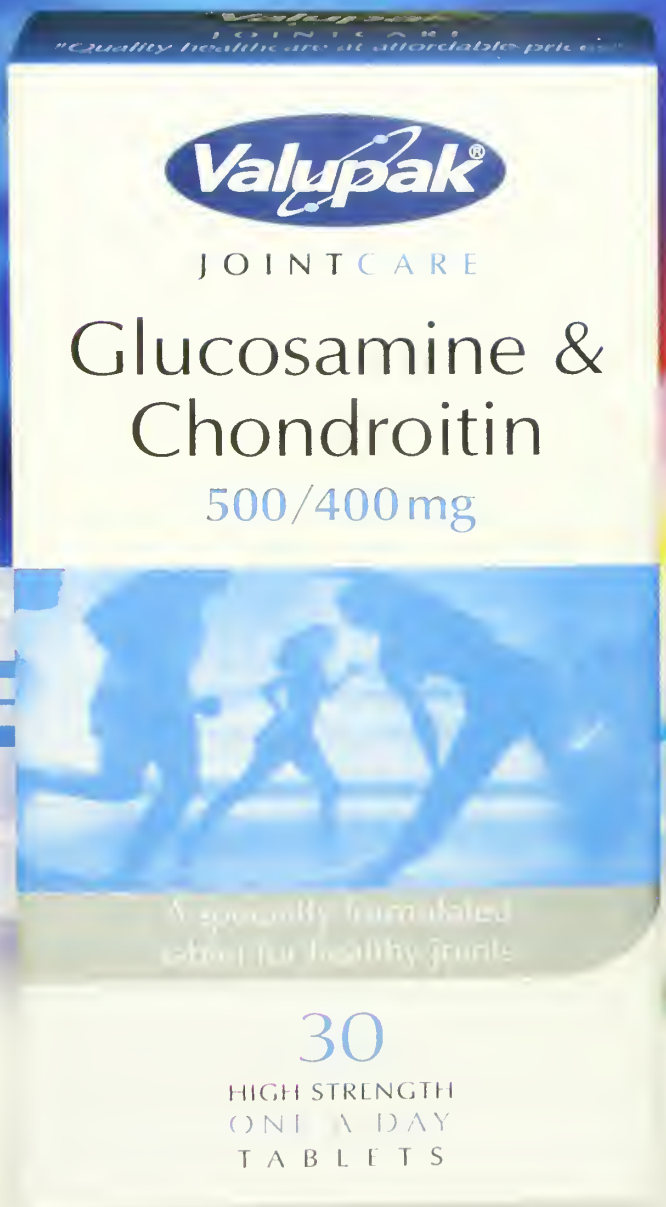

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emt
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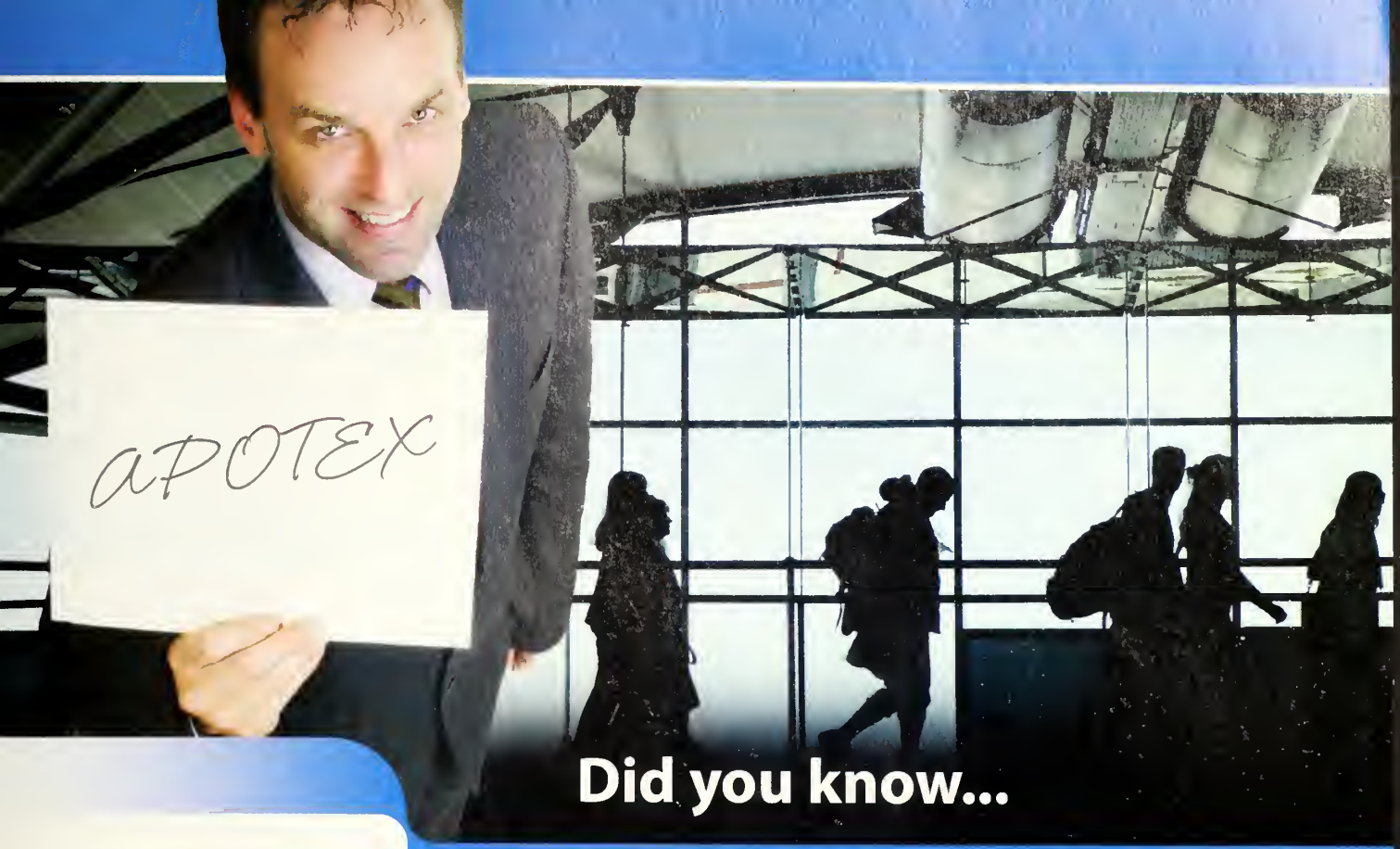

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Government 'rebases generics reimbursement'

The Category M Barometer swings freely into negative territory this quarter following the news this week that £400 million will be removed from category M over the course of the year. The move is a clear signal from the Department of Health that it intends to significantly reduce the level of generics reimbursement. It follows a 14 per cent reduction in Q3 over Q2 and puts an unwelcome, vice-like squeeze on pharmacy purchase profit at a time when delivery of pharmacy services across the country has been patchy.

The Category M Barometer Index, which provides a snapshot of the overall reimbursement level for the quarter, has now moved to 60.27 from 83.53. This figure is based on a statistical analysis and tracks how reimbursement has varied since the inception of category M in April 2005 and indicates in which direction the reimbursement has moved.

Looking at the core range of products in category M when it was launched reveals further insight into the recent downward trend. Previously the reimbursement level of these products had been rising as other products, generally those coming off patent, have entered the tariff.

This analysis indicates that for only the third time the 'core range' is reimbursed at a lower level than in April 2005. It should be noted that this is a statistical analysis and does not account for any growth in the size of the generics market, but it does show that the DH has taken a very different approach to the calculation of this quarter's category M prices. It is almost as though the tariff has been completely redesigned or been through a 'zero based review' as accountants would describe it. In other words the DH has rebased the tariff.

Although based on manufacturers' ex-factory sales, such a large reduction in the amount of cash from the system raises questions over the long-term consequences, since wholesalers, retail pharmacy and manufacturers are all affected when the cash is removed. In particular, will there be the right levels of incentives to ensure the market for generics remains efficient and effective?

Category M – a reminder of how it's done

Information on volumes and prices of sold products is gathered from manufacturers.

Information on dispensing volumes is gathered from the NHS Prescription Pricing Division.

Following negotiations with PSNC, prices are adjusted based on estimated volumes.

PSNC monitors the changes through feedback meetings with the DH.

Any over or under recovery is accounted for in the next quarter.

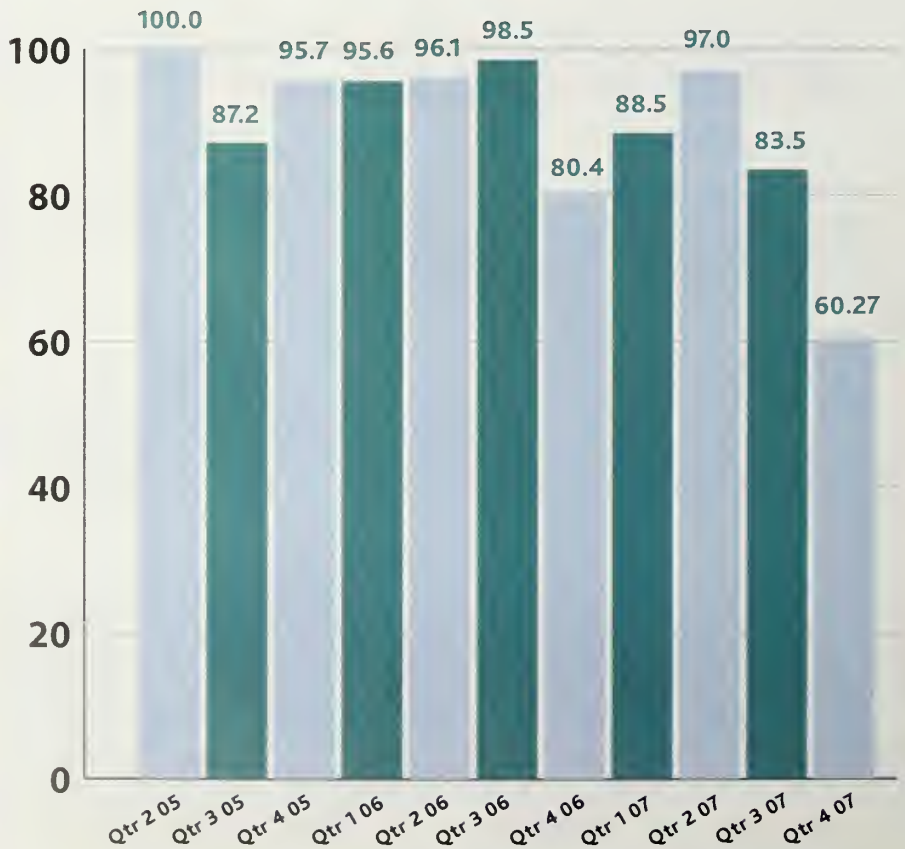
Quarter 4 2007

-£400m*

October-December 2007

* The annualised amount of money removed via category M

How reimbursement levels have varied since the launch of category M in the second quarter of 2005



Data and analysis supplied by Actavis

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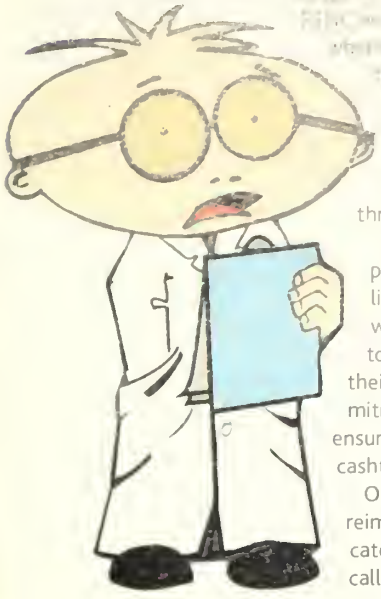
To find out more about Accumulator call us on 0800 731 0370 or email accumulator@actavis.co.uk

Post-tariff analysis with Generic Eric



By [illegible] an annualised figure of £400m from pharmacy purchasing profits, it's clear this quarter's announcement is not good news for contractors. The debate is likely to rage between [illegible] over now this number was arrived at and whether it's 'fair' but in the meantime we'll take a look at what this really means for independent pharmacy.

Well, outside the systemic or macro issues – and at the risk of stating the obvious – pharmacy will be worse off this quarter compared to the last. On average, £32,000 will be removed from each pharmacy throughout the year – £2,666 every month.

Some manufacturer prices may be above tariff, particularly in the first month of the quarter until price lists have been re-assessed and sent out. Therefore, it will be essential for independent pharmacy in particular to quickly assess the reimbursement prices and adjust their buying to ensure potential short-term losses are mitigated. Discounts will require even closer attention to ensure purchase profits are maximised and damage to cashflow is limited.

Overall, it is clear that there has been a radical change to reimbursement levels and that the smoothing effect category M was originally designed to achieve has been called into doubt.

What's hot

Product	pack size	July 2007 tariff	October 2007 tariff	change	% change
Ampicillin 500mg capsules	28	£6.96	£18.99	+£12.03	173%
Gabapentin 300mg capsules	100	£12.08	£32.16	+£20.08	166%
Trihexyphenidyl 2mg tablets	84	£3.90	£9.45	+£5.55	142%
Phenytoin sodium 100mg tablets	28	£53.51	£113.62	+£60.11	112%
Levothyroxine sodium 100mcg tablets	1000	£4.78	£10.11	+£5.34	112%

Data and analysis supplied by Actavis

What's not

Product	pack size	July 2007 tariff	October 2007 tariff	change	% change
Chlordiazepoxide 5mg tablets	100	£9.82	£1.26	-£8.56	-87%
Furosemide 20mg tablets	28	£1.23	£0.20	-£1.03	-84%
Furosemide 40mg tablets	28	£1.30	£0.23	-£1.07	-82%
Atenolol 25mg tablets	28	£1.31	£0.26	-£1.06	-80%
Atenolol 100mg tablets	28	£1.38	£0.29	-£1.10	-79%

Data and analysis supplied by Actavis

The radical nature of the changes to reimbursement prices are apparent in the leading fallers, where there are large reductions on high volume medicines. The traditional 'penny lines' have suffered a drop in reimbursement level, suggesting once again that this is not a one-off targeted hit but a broader change to overall levels of reimbursement.

[illegible] quarter's [illegible] including the full [illegible] visit [illegible]com/categorym

Need advice on category M? Email your question to: [illegible]rym@cmpmedica.com

What effect do you think the changes to category M prices will have?

"It's staggering. It's going to affect business in a very big way. For one thing we'll be looking at a major cut in reimbursement. There have been cuts before but this one is a real bombshell. It's really going to affect the bottom line and services are going to be affected because you start to question if a lot of things, like free deliveries, are really viable"

Beran Patel, Brigstock Pharmacy, Croydon

"I think it's crazy. The PSNC has already negotiated on what's allowed back on prices so I don't know why they're doing it again. It's just them [Department of Health] taking two bites of the apple as far as I can see. Pharmacy has to make some money and to be honest the 90p we get on giving out prescriptions isn't enough"

David Badham, Stewart Pharmacy, Worcester

"The way things have been written out it looks like it's going to have an affect on profit margins. It's going to make things difficult because we've already got bills to pay. Costs seem to go up all the time, for bills and wages and so on, and if profits go down it means we can't afford to keep operating at the same level"

Gurminder Sall, Jeeves Chemist, Buckinghamshire

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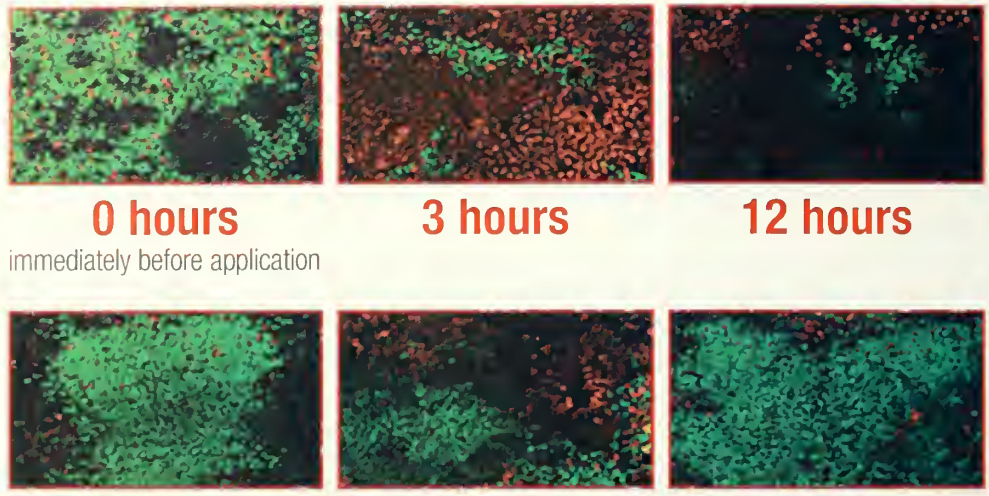

In vitro sequential photomicrographs showing relative proportions of dead and viable plaque bacteria after application of Colgate Total vs ordinary fluoride toothpaste

Green: live growth
Red: dead bacteria

Because the copolymer helps ensure delivery and retention of the active ingredient, triclosan, on the surface of the teeth and gingivae, Colgate Total provides a sustained antibacterial effect for up to 12 hours.

- Its sustained antibacterial action helps reduce dental plaque by up to 98%[1,2*]
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SIZE	MRRP	PIP CODE
100ml pump	2.46	0853564
100ml tube	2.15	0853572
50ml tube	1.25	0853580

As distributed by SHS Sales & Marketing

0.32% sodium fluoride, 0.3% triclosan

Proven 12-hour antibacterial protection

Reference: 1. [illegible] *et al. J Clin Dent* 2005, 16 (Suppl): S1–S19
2 [illegible] *J Periodontol* 31(12): 1029–1033

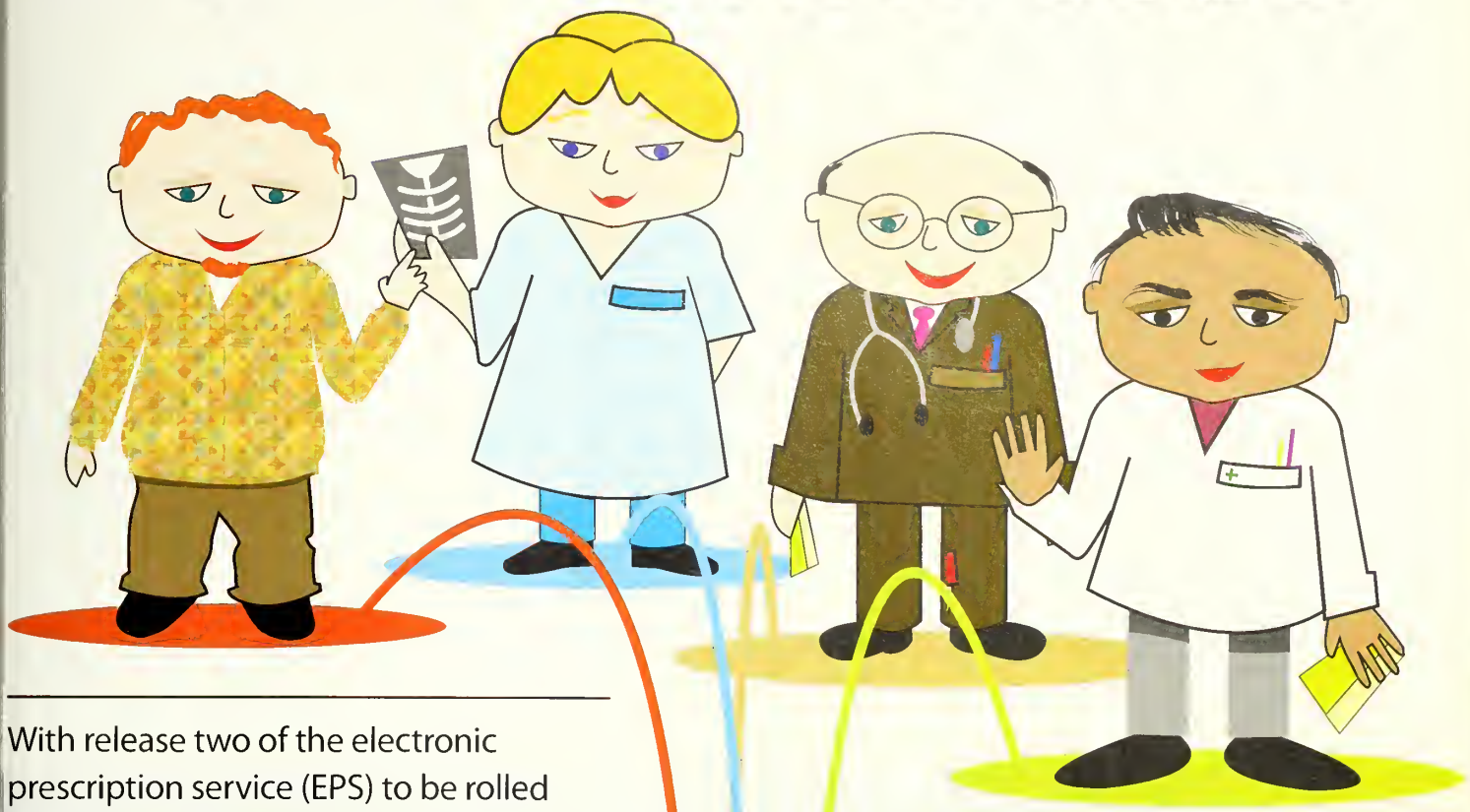
Colgate Total

[illegible]pharmacy.co.uk

Medicinal Product: [illegible]ove gingival health, [illegible]individuals with [illegible]al **Warnings and** [illegible]n for supervised

Medicaments: None known. It is important to note that as for any fluoride containing toothpaste in children under systemic fluoride therapy, it is important to evaluate the total exposure to fluoride (fluorosis). **Undesirable Effects:** None known. **Legal Class:** GSL. **Product Licence Number:** PL 0049/0036. **Product Licence Holder:** Colgate-Palmolive (UK) Ltd., Guildford Business Park, Middleton Road, Guildford, Surrey GU2 8JZ. **Recommended Retail Price:** £1.25 [illegible] **Date of Revision of Text:** October 2005

Get IT connected



With release two of the electronic prescription service (EPS) to be rolled out next year, what should you be doing now to be ready in time to join the electronic NHS? Zoe Smeaton reports

Some have been slow to adopt, some are totally apathetic, and some have even spent the financial incentive on other things. This is the worrying truth behind the roll out of EPS in England, according to Ian Taylor, commercial director of system supplier RX Systems.

Although the majority of pharmacists have got on board with the project, including the pioneers preparing to move forward with release two, 40 per cent have still not upgraded their systems to make them compliant with release one.

And it is little wonder why.

The entire project has received mixed press from the beginning. Delays have hampered progress, with waiting lists for system upgrades putting many people off. Furthermore, some pharmacists have reported problems in downloading scripts, and many pharmacies just aren't seeing the barcoded scripts needed to use the electronic system.

With such a negative cloud surrounding the project, why is it so important for pharmacists to sit up and take notice now?

Money, money, money

The first reason is money. £2,600 worth. Every pharmacy in England received a one-off payment from the government to upgrade their systems to make them release one compatible within an unspecified timeframe. But PSNC has announced that a deadline is likely to be set by the end of this year, which could give pharmacists as little as three months in 2008 before PCTs could claim back the money.

System suppliers are already busy upgrading a backlog of pharmacies. They have warned that when the deadline is announced there is likely to be a rush to upgrade, and they will find it challenging to meet demand.

But a question mark hangs over whether this deadline is likely to galvanise the profession into embracing EPS. Opinion has been divided as to whether release one brings any benefits for pharmacy in its own right.

While some pharmacists say it has brought real improvements, speeding up dispensing times, and reducing the risk of errors made when keying in information (see case studies p41), others remain unconvinced. They claim there have been reports of long delays in downloading scripts, actually making the dispensing process slower.

Tim Donohoe, group programme director at Connecting for Health, disagrees. He says: "It may appear to offer very little other than a reduction in keying in prescription information, but in actual fact the real significance of release one for pharmacists is that it offers them an opportunity to see how the service is

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Case study 1

"It's like scanning food in at the supermarket," says Prakash Mahtani, of Warwick Pharmacy in Victoria, London, as he beeps another barcoded prescription through the reader and watches the information appear on screen.

Mr Mahtani says he loves electronics, and wanted to be involved in the development of EPS from an early stage, so he took part in testing AAH's Link Evolution system and to date has had no trouble getting used to EPS.

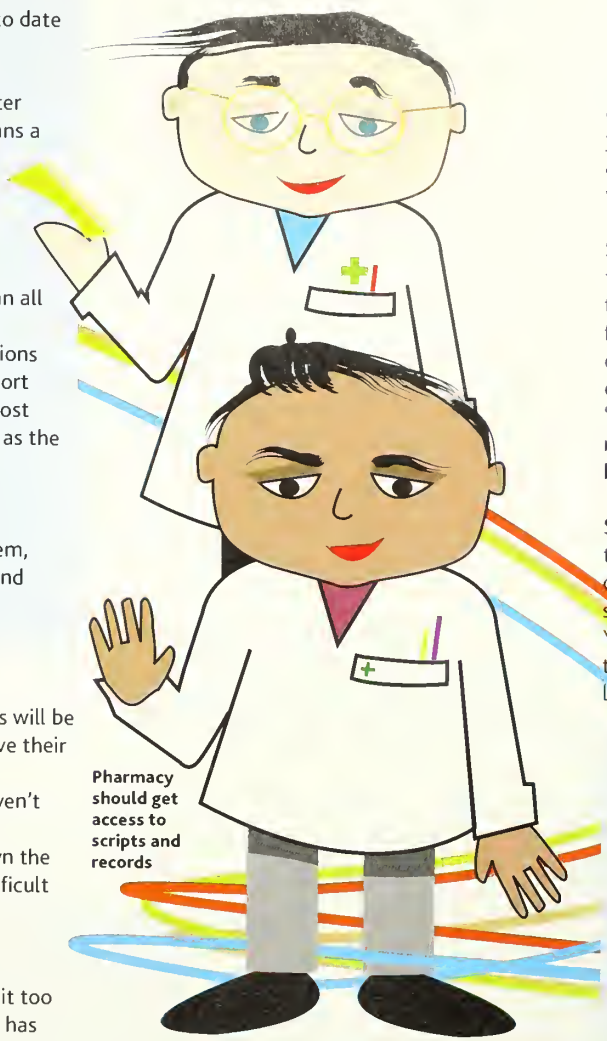
On a more serious note, he says he has found the fact that he doesn't have to enter patient and drug information when he scans a prescription has been a big time saver.

And once release two has been implemented he is looking forward to no longer having to sort through his prescriptions at the end of the month and send them off to receive payment, as it can all be done electronically and automatically.

"Before, I was bundling all the prescriptions up, and at the end of the month I had to sort them all out into alphabetical order and post them off securely. Paperless will be easier as the payment authority will have that data immediately after it has been priced."

He admits there were some teething problems when he first deployed the system, but adds that he is now "up and running and ready to go" with release two.

> "It's like scanning your food in at a supermarket"



Pharmacy should get access to scripts and records

perating within their pharmacy."

And this is key. With release two, patients will be able to nominate specific pharmacies to have their prescriptions sent to, but only if those pharmacies are on the system. So if you haven't upgraded by the time release two goes live, patients could nominate the pharmacy down the road instead. And that business could be difficult to win back.

Don't be late

Experts advise that pharmacists can't leave it too late to get that ball rolling. Even once a site has committed to release one compliance, there could be a delay in actually getting the pharmacy upgraded. As Mr Taylor of RX Systems says, many independent pharmacies need complete IT upgrades, which when combined with the need to get connected to the N3 network and have engineers in to set up the system, can take quite some time.

Andy Charlesworth, commercial IT manager at Numark, explains: "People have heard a lot of negative press about EPS, but they have to cut through the spin... it's not spin, it's happening now. They must make a move now otherwise they are going to get trampled in the rush to get installed."

Furthermore, there could be unforeseen problems after the upgrade. Mr Donohoe says some users have seen delays in downloading scripts, which are often due to the way the network has been configured or the system has been set up. These problems can usually be resolved by contacting your system supplier and then Connecting for Health if necessary, but you are unlikely to get it fixed immediately. Mr Donohoe says release one is an opportunity to get those problems sorted, before the technology becomes business critical.

But the change introduced by EPS is not limited to technology. Working practices will also have to change to incorporate the new computer systems. Decisions will have to be made, such as how many screens you will need in your dispensary. But whatever the changes, the faster you get used to them during release one, the more prepared you will be for release two.

The near future

And that might not be very far away. The first PCTs have already been given the go-ahead to begin trials for release two, and Mr Donohoe expects system suppliers will start to move forward on this next stage by the end of the year.

So how exactly do you get up to speed with release one? PSNC says the first thing to do is to contact your chosen system supplier, who will be able to offer immediate advice about what steps you need to take next. You can also seek further advice from the Connecting for Health and PSNC websites.

LPCs and PCTs can also be tapped for guidance. Some are even offering pharmacists additional IT training to help them feel more comfortable using the new systems. John Bishop is project manager for EPS in Leicestershire County & Rutland PCT, one of the sites that will be released to begin trials of EPS release two this month. He says: "Pharmacists aren't IT experts, so I have enjoyed my new role of giving them technical advice and helping with supplier issues."

Yogendra Parmar, secretary of Lambeth, Southwark & Lewisham LPC, another early release two site, says it's also worth taking the time to check out the different systems available, to make sure you choose the right one for your pharmacy. You could approach the system suppliers and ask them for demonstrations, or speak to colleagues locally and ask to see the systems they are using.

Case study 2

Gary Warner of Regent Pharmacy in Shanklin, the Isle of Wight, says he volunteered to be involved in testing new EPS compliant systems for Positive Solutions, initially to help boost his business. He wants to be in the best possible position to fend off competition from larger companies, which he believes could lure patients into nominating them through advertising campaigns.

He says: "It's critical that I have the ability to do electronic prescriptions when others have that ability so that my practice will survive the next 10 years and beyond."

Mr Warner says there have been some changes to make since he started downloading electronic scripts.

For example, he has had to redesign his checking process as he found that a large part of his checking process had been done when keying in the information from the old paper prescriptions.

He adds: "If we were going to have to change our business processes, we wanted to do that when it was not business critical."

Secondary and primary care can communicate

your PCT, make sure you actually use the system as much as possible to ensure you are familiar with using it on a day-to-day basis.

If you find you are not seeing any barcoded prescriptions to practice with, it's worth speaking to local GPs, says Kam Saundh, group business development manager of McParland Pharmacies, which has 21 pharmacies located along the M4 corridor. The group has been proactive in upgrading IT systems and preparing for release two deployment.

Mr Saundh says in some cases local GP surgeries had been ready to start using the service but had not switched it on as they thought pharmacists were not ready.

His point is important. For pharmacists to make the most of EPS it will require the commitment of the whole profession and not just 60 per cent.

- Check which systems have been accredited for EPS release one either by contacting your existing supplier or visiting www.cfh.nhs.uk/eps/supplierstatus
- Ensure you, your staff and any regular locums you use are registered with your PCT for a smartcard.
- Order an EPS compatible prescribing system and ascertain when the upgrade will take place.
- Decide how you will integrate the new process of scanning prescription barcodes into your existing procedures. For example, should medicines counter assistants scan the prescription before they place it in the drug basket?
- Ensure dispensing staff are trained in how to use the new system.
- Use the system as much as possible so that you know it is operating as it should prior to upgrading to EPS release two.
- Let your system supplier and/or your PCT know if you have any issues in using the system.
- Tell your local GP surgeries that you can receive barcoded scripts.

- Attend events that your PCT or LPC may be running, particularly if you are in a release two initial implementer PCT.
- Talk to your pharmacy system supplier about their rollout plans for EPS release two. The status of all systems for release two will shortly be published on the EPS website.
- Make use of the release two communication and guidance products that will be published by Connecting for Health. Your PCT will inform you when they are available.

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If you are thinking of selling, please come and meet us at the NEC Pharmacy Show Birmingham on 14-15th October 2007. We will be on the NPA Approved Suppliers Stand No. B44/B46.

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October 2007

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From: Hawkeye on the web

Date: Sat 06.10.07

Subject: Office politics

Research estimates that as much as **£100 billion** could be wiped off India's national income

I think it's the music that finally makes you snap. After listening to the smug automated voice, choosing from umpteen options on umpteen menus and failing to get through to a human being at every turn, it is the plinkety hold music that makes the red mist descend on even the most calm and rational of call centre customers.

But spare a thought, if you can, for the hard-working staff on the other end of the line. These innocent victims of the business process outsourcing model regularly face stressful calls from angry customers like us while working demanding shifts.

In India, the pressure is taking its toll on the young workers in the booming IT services sector. Burnout, depression, diabetes, sleeping disorders, digestive problems, RSI, blurred vision, headaches and dizziness are all being reported among people in their 20s.

The government is looking to remedy the situation by introducing regular health checks by employers. If it doesn't take preventive action, research estimates that as much as £100 billion could be wiped off India's national income, reports The Times (tinyurl.com/yv5z46).

While 15-hour overnight shifts aren't typically a fixture of office life in the UK, stress remains a big problem over here too. It is seen as the biggest threat to the welfare of UK workers, according to research by health benefits provider HAS (tinyurl.com/2ho2zf). As well as the mental strain, deskbound UK staff are also under physical pressure, with back pain and blood clots (tinyurl.com/398h7) cited as risks.

Despite this evidence, research from Workplace Health Connect (workplacehealthconnect.co.uk) found that employers are failing to provide adequate levels of health and wellbeing support. It claims that fewer than one in five organisations conduct workplace health evaluations and fewer than half provide staff with ergonomic advice.

Pharmacy is getting wise to the opportunity. Earlier this year Assura won a contract to provide pharmacy services at St Katharine Docks, London with office workers listed as a target patient audience (tinyurl.com/36vcnm).

Other healthcare providers have also targeted the office sector. For example, Activa Healthcare (activahealthcare.co.uk) has conducted free leg health checks in pharmacies in the past to promote its compression hosiery.

With National Stress Awareness day on the horizon next month (isma.org.uk/aware.htm), there are plenty more opportunities for pharmacy to support the companies and workers in their local community.

Email thawkins@cmpmedica.com

... what's new on the C+D website ...

Free email news

Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at [illegible]

Anyone signing up throughout October will automatically be entered into the next draw to win £200 in **John Lewis vouchers**, [illegible]

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Is it a bird...?

No, it's a pharmacy technician. Leanne Beverley took part in a sponsored parachute jump to raise money for the charity Diabetes UK. The 21-year-old pharmacy technician who works at Monarch Pharmacy, Coventry, raised over £800, including £250 donated by Monarch director Ashwin Kanabar and £100 from distributor Lexon Pharmaceuticals. Leanne's grandfather is diabetic and she regularly meets people with the condition at work. Her fundraising effort was inspired by seeing how much diabetes affects people's lives. To see more of Leanne's jump go to [illegible]72q If this inspires you to skydive to raise money for Diabetes UK, check out [illegible]x

The most read stories in the latest C+D newsletter

C+D News bulletin Click here

1. Contractors face raid on profits under category M
2. Locum reprimanded for halving dose without GP approval
3. Polish group reveals plan to open pharmacies in London
4. UK film company seeks location for pharmacy film
5. Health secretary submits bid for extra pharmacy funding

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Closing date November 1, 2007

Q The latest category M adjustment will remove an annualised figure of £400m from generic reimbursement

True ☐

False ☐

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Rules 1.This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *C+D* or Pharmacy Today 2.Competitors may enter through *C+D* or Pharmacy Today, but may only submit one entry. Double entry will disqualify both entries 3.Entries must be on an original coupon from *C+D* or Pharmacy Today, and to be eligible for the prize entrants must correctly answer the question on the coupon 4.The prize offered will be as stated. No alternative holidays or cash prizes will be offered 5.Names of winners will be published in *C+D* and Pharmacy Today 6.In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into 7.Employees of CMP Information Ltd, Affinity Travel Services and trading divisions and their immediate families are forbidden to enter 8.No purchase is necessary to participate 9.The closing date for this month's competition is as printed on the entry coupon.

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[illegible] UK Tel: 0800 262 570

Nrt01/07/c August 2007